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ABSTRACT

Ninety-five recommendations for meeting the needs of emotionally disturbed children in British Columbia are listed, followed by the methods and findings of a descriptive study of present educational provisions in the public schools. Thoroughly described are the study's background, limitations, and the questionnaire used (contents, distribution, analysis of results). A discussion of the reasons for each recommendation encompasses incidence of emotionally disturbed children, general and specific educational objectives, identification, administrative provisions, educational provisions, personnel training, rural and suburban programs, financing, and the school's responsibility in preventing emotional disturbance. A bibliography is included. (KW)

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Educational Research Institute of B.C.

Educational Needs of Emotionally Disturbed Children In The Schools Of British Columbia

S. R. Laycock and J. A. Findlay

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STUDIES & REPORTS

REPORT No. 5

ED041434

EDUCATIONAL RESEARCH INSTITUTE OF BRITISH COLUMBIA

STUDY OF EDUCATIONAL PROVISIONS FOR AND NEEDS OF EMOTIONALLY DISTURBED CHILDREN IN THE ELEMENTARY AND SECONDARY SCHOOLS OF BRITISH COLUMBIA

by

S. R. Laycock

with the assistance of

J. A. Findlay

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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THE PROBLEM

The initiative for this study came from a committee of the Metropolitan (Vancouver) branch of the British Columbia School Trustees Association which was concerned with the practical problems of:

1. making general provision for the education of disturbed and disturbing children whose behavior (a) has a disrupting effect on the other members of the class, (b) places undue pressure on the teacher, and (c) furthers the disturbance of the pupil himself;
2. discharging the trustees' responsibility for the education of all children who can, with special services if necessary, be educated in the public schools;
3. deciding what services might be adequate for the education of disturbed children with regard to modified administrative provisions, specialized supportive personnel, special materials and equipment, and specially trained teachers.

Mr. R. F. Thorstensen, District Superintendent of Schools for Delta School District was asked to chair a committee of educators in the field of special education to advise the trustees' committee as to what action might be taken. The result was that the committee of School Trustees of the Metropolitan (Vancouver) branch of the British Columbia School Trustees Association decided to apply to the Educational Research Institute of British Columbia for a research grant to make a survey of the present educational provisions for emotionally disturbed children in the province's public schools and to suggest ways in which the needs of these children could be met in more adequate fashion. The Educational Research Institute of British Columbia acceded to the request of the committee and made a grant of $6000 for the above purpose.

The trustees' committee asked Dr. S. R. Laycock, former Dean of Education at the University of Saskatchewan and now a resident of Vancouver, to direct the study with the assistance of Mr. James A. Findlay, Supervisor of Pupil Personnel, Burnaby School Board.

The results of the study are given in this publication. Because of the time-saving to school board members and others concerned with the problem of providing for disturbed children in the schools, a summary of the recommendations of the report is placed in Part I. Part II contains a description of the development, methods and findings of the study. Part III contains a discussion of what might be done for disturbed children in the schools and the reasons for making the recommendations. Those who read the summary of recommendations in Part I will thus find, in Parts II and III, the reasons why the recommendations were made.

Acknowledgments to:

1. The Educational Research Institute of British Columbia and its Executive Director, C. M. Lamond.

2. Mr. R. F. Thorstensen and the Officials Committee, Metropolitan (Vancouver) Branch of the British Columbia School Trustees Association.

3. The District Superintendents of Schools in British Columbia and their staff members who completed the questionnaire.

4. The Burnaby School Board for facilitating the use of the services of the Assistant-Director of the study and for use of its facilities.

5. District Superintendents of Schools, supervisors of special education, special counsellors, school psychologists and other specialized personnel in British Columbia who participated in conferences and facilitated visits to the schools.

6. Principals and teachers who welcomed the project directors when visiting the schools.

7. Personnel of the School Boards of Edmonton, Calgary, Saskatoon, Regina, Winnipeg, Etobicoke, North York, Ottawa, Scarborough, East York, Toronto, Hamilton, London (Ont.), Ottawa, Halton County (Ont.), Lincoln County (Ont.), St. John (N. B.) and to special educators in the United States who furnished information and materials.

8. The following who gave general advice and counsel: The Special Educators Committee of the Lower Mainland (B. C.), Dr. Norman Ellis of the Vancouver School Board, Miss Mary Craig of the North Vancouver School Board, Dr. David Kendall, Dr. Harold Covell, Dr. Hamish Nicol and Dr. Myrne Nevison of the University of British Columbia, Dr. J. D. M. Griffin of the Canadian Mental Health Association (Toronto), Dr. Joan E. Bowers of the Ontario Department of Education, Mr. A. D. Treherne of the Saskatchewan Department of Public Health, Dr. Peter Knoblock of Syracuse University, Dr. Paul Graubard of Yeshiva University, Dr. Eli Bower, (California), Mr. J. F. Stinson of the Board of Education, Etobicoke, Ontario, Dr. J. D. Acheson of Thistletown Hospital, (Downsview, Ont.), Dr. Dewey Force Jr., Dr. Evelyn Deno,

and Dr. Frank Wood of the University of Minnesota, Dr. Richard J. Whelan of the University of Kansas Medical Center, Dr. Bert Donaldson of the State Department of Education, Michigan, Dr. Paul J. Spata, Director of Lansing Boys' Training School, Michigan, and Rev. Peter J. Newbery of Alert Bay, B. C. who was asked to react to the report as a layman in education living in a north-coast community of British Columbia.

9. Mrs. Judy Podas for an outstanding job in typing the manuscript of this report.

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PART ONE:

SUMMARY OF RECOMMENDATIONS

In this part of the report, the recommendations which grew out of the study of available facilities for emotionally disturbed children in British Columbia schools, as described in Part II, are collected from Part III where the reasons for the recommendations are discussed at some length. The recommendations are listed here for the convenience of members of school boards, superintendents of schools, principals and specialized school personnel who are involved in deciding what can be done for disturbed and disturbing children in their district and who wish to get an overview of the recommendations as a whole. If these educators wish to understand the basis on which the recommendations are made they will read Part III and also Part II.

The recommendations are deliberately comprehensive. They include a philosophy or point of view regarding the education, the characteristics and the needs of emotionally disturbed children as well as specific suggestions as to what can be done to meet the needs of these youngsters. The recommendations are intended to provide suggestions not only for small school districts but also for the large urban districts.

Obviously, unless the move towards larger school districts materializes, only a limited number of the recommendations are likely to be put into operation by the smaller school districts of the province. However, even here progress can be made by two or more districts sharing the services of specialized personnel. In any case, the school board of every district, large or small, is always faced with the problem of establishing priorities in the light of the current situation and available resources.

Every recommendation made in the report is currently being implemented in some school systems of Canada and the

United States. These recommendations are not just "pie in the sky", but rather are sincere attempts on the part of educators to meet more effectively the needs of emotionally disturbed children and to do so, for the most part, within the public school system. If, as is claimed in this report, a conservative estimate is that five percent of school children have emotional problems for which they require help beyond that which the classroom teacher can provide, then school boards and educational administrators will necessarily wish to give careful thought as to what can be done to provide maximum help to these children.

Recommendation #1, that children may be considered as emotionally disturbed when they usually exhibit such primary symptoms as:

(1) inability to have effective relationships with peers and teachers;

(2) inappropriate behavior or feelings under ordinary conditions;

(3) a general pervasive mood of unhappiness or depression;

(4) difficulty or inability to face reality;

(5) a very poor self-concept;

(6) difficulty or inability to cope with the learning situation in spite of the usual educational remedial measures such as remedial reading, perceptual training, etc.;

(7) a tendency to develop physical symptoms, speech problems, pains or fears associated with personal or school problems.

Recommendation #2, that educators avoid labelling children who present emotional problems by designating them as having a brain-injury or brain dysfunction or merely as having "a bad home environment" and that they concentrate their efforts on a specific understanding of the child's present difficulties, using all available diagnostic data as bases for that understanding and on the taking of specific steps to help each disturbed child to solve his own unique problems.

Recommendation #3, that, in the case of mentally and physically handicapped children who have a secondary handicap of emotional disturbance, adequate provision be made for treating their emotional handicap in whatever group of handicapped children in which they may be placed in the school.

Recommendation #4, that school boards, educational administrators and teachers consider the education of emotionally disturbed and other handicapped children to be an integral part of the education provided by the school district for all its children and as part of the modern trend to fit the school experiences to each child's own unique needs by providing the necessary supportive services and school facilities that make this point of view feasible.

Recommendation #5, that educational authorities who plan for the education of an emotionally disturbed child remember that he is first of all a child with the same basic physiological and psychological needs as all other children, and that the solution of the disturbed child's problems must be related to helping him to find acceptable and satisfying fulfilment of these needs.

Recommendation #6, that, since a conservative estimate of five percent of school children have emotional problems for which they require help beyond that which the classroom teacher can furnish under present conditions, district school boards provide special educational supportive services which will enable the great majority of these children to function within the public school.

Recommendation #7, that the general objectives for the education of emotionally disturbed children be the same as those for all children, namely:

(1) a healthy self-concept and a sense of personal worth and adequacy;

(2) effective and satisfying interpersonal relationships with other children and with adults;

(3) school competence, not only in the basic communicating and computational skills but in the ability to think, to analyze and to solve problems and to do independent and creative work;

(4) responsible social behavior which involves respect and concern for the rights and welfare of others and of society as a whole as well as being a productive and creative member of the community;

(5) the fullest possible development of each child's capacities and potentialities and the promotion of his self-realization.

Recommendation #8, that the teacher and other school personnel involved in the education of emotionally disturbed children set up specific objectives for teaching each disturbed child and that these objectives be based on all available diagnostic data concerning his specific physical, intellectual, emotional and social strengths and weaknesses including his own individual style of learning, his attitudes to himself and others and the degree of acceptance or rejection he is accorded by others in his home, school and community.

Recommendation #9, that specific efforts be made to identify the child with emotional and behavior problems as near to the beginning of his school career as possible so that appropriate educational provisions may be made for him and remedial treatment provided where necessary.

Recommendation #10, that the identification and diagnosis of the problems of the emotionally disturbed child be carried out on a team basis, making full use of the school resources found in such school personnel as the teacher, principal, special counsellor, school nurse, school psychologist, supervisor of special education, director or supervisor of elementary or secondary instruction, school counsellor, local public health personnel and, where the child's difficulties are sufficiently serious to warrant the making of special educational provisions for him, the services of the specialized personnel from the regional mental health centre be integrated into the diagnostic team.

Recommendation #11, that school boards, educational administrators and teachers should assume their professional responsibility to make decisions regarding the education of an emotionally disturbed child in accordance with a considered judgment of what will best meet the child's own needs and help solve his problems.

Recommendation #12, that emotionally disturbed children remain in their regular class in school provided that they can receive adequate help in the solving of their problems through the availability of the supportive services to the child and his teacher of such specialized school personnel as special counsellors, school psychologists, remedial consultants, school social workers, etc., and where necessary, the services of health and clinical mental health personnel.

Recommendation #13, that where two to four moderately disturbed children remain in a regular class, the school administration reduce the total number in the class to twenty pupils and that the non-disturbed pupils be chosen because they are stable and well-motivated.

Recommendation #14, that school administrators adopt the policy of transferring an emotionally disturbed child from one regular class to another in the same school or in another school in the district when one teacher's personality and methods are likely to "fit" more adequately the needs of a particular child than was the case with his previous teacher.

Recommendation #15, that where it best meets the needs of the emotionally disturbed child provision be made for a partial special class or resource room where the disturbed pupil may spend part of his day and return to his regular class for certain subjects of study.

Recommendation #16, that school boards consider the possibility of using the services of an itinerant supportive teacher who has special training in the field of emotionally disturbed children and that, where necessary, two or more school districts share the services of such a teacher.

Recommendation #17, that, as one possible method of helping both emotionally disturbed and other types of pupils who have learning disabilities in the area of school work, school boards consider the appointment of remedial teachers of reading and speech, and that this is especially important if the school board has the policy of providing for emotionally disturbed children in regular classes.

Recommendation #18, that school boards, in their attempt to meet the needs of emotionally disturbed pupils, organize special classes for those moderately disturbed children whose educational needs cannot be met effectively in a regular class by the provision of adequate supportive services but whose needs can be met more adequately by remaining in the normal setting of the community's school than through being placed in a residential treatment centre under welfare or health auspices.

Recommendation #19, that, where one school district provides special class services for emotionally disturbed children and a neighboring district is unable to provide such services, the latter district should consider the feasibility, if suitable provisions for transportation can be made, of arranging that its disturbed pupils attend the class already set up in the neighboring district and pay the costs of such service.

Recommendation #20, that no disturbed child should be placed in any type of special class, whether one organized exclusively for the emotionally disturbed, a learning-disabilities class, or a class for slow-learners without a complete diagnosis including an individual psychological assessment.

Recommendation #21, that the decision as to a disturbed child's educational placement be made at an educational conference which includes the school administrator, specialized school personnel, teachers, and, where necessary, clinical personnel from outside the school.

Recommendation #22, that the size of a special class for the emotionally disturbed be limited to six to eight pupils in accordance with the severity of the disturbance of the children concerned and on whether or not the services of a teacher-aide are provided.

Recommendation #23, that, in selecting individual pupils for a particular special class, consideration be given as to which disturbed children can function in the class group without limiting or destroying its effectiveness.

Recommendation #24, that the principle determining the kind and size of the classroom used for disturbed children as well as the nature of the classroom equipment such as the presence or absence of stimulation and the provision of carrels as "private offices", be determined by the general type of disturbed child to be served by the class and by the needs of the children who are currently members of the class.

Recommendation #25, that, where special classes for disturbed children are organized, it is advisable, where possible to have a primary class for children aged five to nine years and an intermediate class for children aged nine to twelve or thirteen years.

Recommendation #26, that in organizing any form of special services for emotionally disturbed pupils, school boards, educational administrators, specialized school personnel and regular classroom teachers make a sufficient study of the needs of such children as to be able to accept these youngsters first of all as children whose unique characteristics require a special adaptation of administrative provisions and methods of teaching to provide effectively for their growth and development.

Recommendation #27, that principals and school staff provide, through the expression of their own attitudes, definite leadership to the pupils of a school in developing a genuine respect for the personal worth and human dignity of children who deviate from the average, whether these youngsters are in a special class or not, to the end that normal pupils may view such children as merely needing different educational provisions in much the same way that pupils of the same age require different sizes of shoes, shirts or dresses.

Recommendation #28, that in view of the possible effects of labelling children, special classes for disturbed children (as for all types of handicapped pupils) be regularly referred to in the school by the name of their teachers, e.g. "Mrs. Jones' class", but that, for professional educators within and without the school, such classes be designated either as a "Special Class for Emotionally Disturbed Children" or "Special Learning Assistance Class - Behavioral".

Recommendation #29, that educators give active leadership in cooperation with organizations such as the Canadian Mental Health Association, and other bodies, in developing in the public, the acceptance of children with emotional problems as youngsters who require special educational provisions and special methods of teaching to meet their needs.

Recommendation #30, that special classes for disturbed adolescents be not organized in secondary schools except in specially planned situations but that emphasis be placed on providing a sufficient number of school counsellors who have had adequate training for counselling adolescents with emotional problems and that such counsellors be relieved of routine duties so that they can fulfill this role.

Recommendation #31, that secondary school counsellors have available, the consultant services of well-trained special counsellors, school psychologists or school social workers who visit the school on a regular schedule and also that, when required for the more serious problems, the consultant services of psychiatric personnel should be available.

Recommendation #32, that provision be made in junior secondary schools for the services of a psychiatric social worker, school psychologist or well-trained special counsellor who will conduct group sessions which will help teen-agers to work through many of their emotional difficulties.

Recommendation #33, that, because of the key role of secondary school principals in the effective implementation of any policy affecting the services for adolescents with a variety of emotional problems and degrees of emotional disturbance, workshops be organized at regular intervals where these administrators may meet with selected trained personnel in the fields of social work, psychology and psychiatry to discuss how best to help troubled adolescents.

Recommendation #34, that, whether a disturbed child's emotional problems have an organic basis or are rooted in his early environmental experiences, the school, because of the inevitable partnership of parents and teachers in the emotional and intellectual development of all its pupils, has no choice but to seek both the understanding and active cooperation of the disturbed child's parents in its attempts to help the youngster to solve his emotional problems, and that such cooperation be sought on the basis of respect for the parents even if the latter exhibit disturbed behavior themselves.

Recommendation #35, that in seeking the cooperation of an emotionally disturbed child's parents, the school make full use of conferences at the school with specialized personnel, visits to the home by such of its staff members as the school nurse, the special counsellor, or the school social worker and that it help the parents, where necessary, to utilize the services of social agencies, mental health personnel and private psychiatrists.

Recommendation #36, that, where a child is transferred to or from a public school, to a public or private residential school or treatment centre, close cooperation be established between the transferring and receiving school or centre so that there may be an adequate sharing of experience and knowledge of the needs of the child and a sense of shared team work in promoting his long-range development.

Recommendation #37, that, where it is decided that the education and treatment of emotionally disturbed children can best be furthered in a residential school or treatment centre, district school boards work cooperatively with such schools or centres, whether public or private, by receiving into their schools on a trial basis those pupils whom the centres believe are ready for this aspect of normal living but are not yet ready to leave the residential school or centre, and that, in turn, the residential centres be asked to receive those pupils from the public schools who might profit from a period of time in a residential setting.

Recommendation #38, that, since the roles of educational, clinical and welfare personnel in the education of, care and treatment of emotionally disturbed children often overlap and

are not always clearly defined and since this situation may result in misunderstandings and lack of effective cooperation, steps be taken at the provincial and district levels to work out principles which can be the basis of effective partnership among the professional groups concerned and that, providing for the highest all round growth and development of the emotionally disturbed child, be the criterion on which such principles are based.

Recommendation #39, that, where it is not possible to provide adequately for the needs of some emotionally disturbed children in the school, these youngsters be placed in a residential treatment centre with their educational needs provided for by the school district in which the centre is located with such financial help from the provincial government as may be required.

Recommendation #40, that when a disturbed child is transferred from a regular class to a special class, provision be made for his teacher and principal to visit the special class in order to reassure the child of their continuing interest, as well as to observe the teaching techniques used and the special facilities provided.

Recommendation #41, that, when a disturbed child is transferred from a special class to a regular class, this transfer be carefully prepared for and, if possible, be carried out in stages through attendance in a regular classroom for a part of the day only and that, when the transfer is effected, the specialized supportive personnel, who have been helping the child and his teacher, give continuing help, as is necessary, to the child in his new environment and to the regular classroom teacher to whose class he is transferred, and that where possible the special class teacher have the opportunity for some continuing contact with the pupil and his new teacher.

Recommendation #42, that when an emotionally disturbed child is transferred from a public school to a day or residential

treatment centre, the school cooperate fully with the treatment centre in providing full information as to the child's strengths and deficits, and that, as far as is practicable the school keep in continuing communication with the child and the treatment centre both for the child's sake and for learning about the methods being used in rehabilitating him.

Recommendation #43, that when a disturbed child who has been under treatment in a residential institution is sent to a neighboring public school, this be done, at first, on a trial basis, for part of the day and that, when a disturbed child is returned to his regular school, a social worker or other personnel from the treatment centre visit the receiving school to give help to the principal and the classroom teacher by acquainting them with the child's strengths and problems, and the methods which the treatment institutions found most helpful in rehabilitating the child.

Recommendation #44, that, where a disturbed adolescent who is beyond school-age leaves school, every effort be made by the school to prepare him for a job and to help him to find one and to make a success of it and that specific follow-up services be maintained by whichever member of the school staff can best help in adjusting the child to a job and to normal living.

Recommendation #45, that great care be taken in the selection of teachers for emotionally disturbed children and that, in such selection, such personal qualities and characteristics as emotional maturity and stability, patience and a sense of humor, as well as a liking and respect for children and the ability to establish warm relations with them be given high priority, with special training in the teaching of the disturbed, regarded as a means of making such personal qualities and characteristics maximally effective.

Recommendation #46, that the teacher of a regular or special class which contains emotionally disturbed pupils needs, in order to be most effective, help from a variety of specialized personnel - district special counsellor, school psychologist, school counsellor, supervisor of special education, school social worker, school nurse and remedial consultant as well as from clinical personnel from without the school.

Recommendation #47, that, since the effectiveness of any program for emotionally disturbed pupils in a school depends on the degree of understanding by the principal of emotional problems in pupils and the leadership he gives to teachers and to the supportive personnel, provision be made for workshops for elementary school principals at regular intervals where most effective methods of dealing with emotional and behavioral problems may be discussed.

Recommendation #48, that the role of district special counsellor be that of a consultant to classroom teachers on emotional and other behavioral problems and also that of a counsellor to disturbed children who do not require the services of a psychiatrist, and that the special counsellor also act as a liaison officer to assist the teacher of emotionally disturbed children and their pupils in securing adequate supportive services from within and without the school.

Recommendation #49, that, in view of the wide variety of skilled services which can be provided by a well-trained school psychologist, school boards make plans to employ such personnel, and that, where necessary in smaller districts or rural areas, two district school boards share a school psychologist's services.

Recommendation #50, that, the supervisor of special education in a school district be a well-trained person with a broad knowledge of the needs and problems of emotionally disturbed children and the ability to plan special services to meet the needs of such children as well as to work closely with special education teachers and specialized personnel from within and without the school in making the program for disturbed children an effective one.

Recommendation #51, that, since school competence is highly important to emotionally disturbed children because of its effects on their self-concept, their acceptance by their peers and their ability to function in a regular class, remedial teachers, in the fields of reading, written language, speech, and arithmetic be provided by the schools to help in the rehabilitation of such children.

Recommendation #52, that, where the special counsellor does not act as a consultant to the classroom and special class teachers on emotional and behavior problems, a special consultant be provided to assist teachers in dealing with mildly and moderately disturbed children who do not need the specialized services of a psychiatrist.

Recommendation #53, that the role of the secondary school counsellor be thought of as necessarily involving personal counselling as an integral part of vocational and educational counselling as well as that of meeting crisis situations through emotional first-aid and that the secondary school counsellor be thought of as part of an "early warning system" of emotional problems.

Recommendation #54, that, in choosing counsellors, consideration be given to their training in mental health principles and also to their personal qualities including their ability to relate to adolescents, fellow teachers, administrators and other adults.

Recommendation #55, that, in order to enlist the active support of parents in the rehabilitation of emotionally disturbed children and to help with the development of less seriously disturbed youngsters, school boards consider the advisability of employing a school social worker or make arrangements with a social agency for the part time services of a trained social worker and that, if necessary, two or three districts share the services of a social worker.

Recommendation #56, that, it is desirable that child psychiatrists who treat emotionally disturbed children have had part of their residency training in the school setting, and that in order effectively to help the disturbed child and his teacher as well as other school personnel, the mental health clinical personnel observe the youngster in his school and classroom setting in his relationships with his peers and teacher and their expectations of him.

Recommendation #57, that, the Mental Health Branch of the provincial government extend the services of regional mental health centres as rapidly as possible so that schools may have available clinical services within a reasonable distance and at as frequent intervals as will meet the needs of their emotionally disturbed pupils.

Recommendation #58, that paid teacher aides be provided for teachers of special classes of emotionally disturbed children and also for teachers of regular classes where one or more moderately disturbed pupils are enrolled.

Recommendation #59, that the schools enlist the help of a selected group of mature and stable individuals as volunteer aides who will each provide a continuing one-to-one relationship with an emotionally disturbed child in the school for a part of two mornings a week, giving the youngster warm acceptance and help in his work and play activities.

Recommendation #60, that schools make effective use of older pupils as volunteers in helping younger children and especially in helping emotionally disturbed children in both their school and play activities.

Recommendation #61, that, since there is no one method of teaching, the teacher of emotionally disturbed children concentrate his attention on modifying each child's present maladaptive behavior through the use of such educational techniques as are likely to help the pupil to succeed in desirable forms of behavior, and that these techniques be drawn, where necessary, from one or all of the major approaches to teaching disturbed youngsters, namely the psychodynamic-interpersonal approach, the sensory-neurological approach and the behavior-modification approach.

Recommendation #62, that, since success in using a variety of educational techniques drawn from differing philosophies of teaching emotionally disturbed children implies in the teacher, both an ability to assess each disturbed child's strengths and weaknesses and also a thorough knowledge of the different strategies used in teaching such children, every effort be made to see that the teacher of disturbed children have an adequate background of special training.

Recommendation #63, that careful evaluation of the administrative devices and methods of teaching used in the education of emotionally disturbed children and the extent of the progress made by these children be carried out on a systematic basis from time to time by the classroom teacher and specialized school and clinical personnel.

Recommendation #64, that informal evaluation of the progress of emotionally disturbed pupils in terms of their achievement and classroom behavior be constantly carried out by the teacher (and other school personnel) as a way of determining whether the specific objectives for each pupil are being attained and whether the methods of teaching used are the most effective ones that could be used and that, in such an evaluation, use be made of observation, anecdotal records, rating scales and tapes of teacher and pupil responses in classroom situations.

Recommendation #65, that, where objective tests of achievement are used in evaluating pupil progress, care be taken that these tests do not increase the anxiety and further the disturbance of these children and that teachers be aware of the possibility that the results of such tests may be in error due to the child's inner conflicts, anxieties, distractability, hyperactivity or daydreaming.

Recommendation #66, that every effort be made by those responsible for special services for emotionally disturbed children to further research in the use of administrative devices and the methods of teaching emotionally disturbed children whether such research is carried out by school personnel or by university or clinical personnel from outside the school.

Recommendation #67, that the teachers of emotionally disturbed children and the specialized supportive personnel make every effort to keep in touch with the latest developments and research in the education of such children by such means as becoming members of the Council for Exceptional Children and its Divisions, the Council for Children with Behavioral Disorders and the Division for Children with Learning Disorders and by reading the publications of these organizations.

Recommendation #68, that, in harmony with Recommendation #45, it is desirable that teachers of the emotionally disturbed have a full year of training or failing this, training at summer sessions, and that school boards make provision to subsidize such training and to make it possible for teachers of the disturbed to attend workshops and to visit centres where special provisions for disturbed children have been made.

Recommendation #69, that those teachers selected for training as special counsellors be chosen for their personal suitability for the professional role of special counsellor rather than as candidates for an administrative post.

Recommendation #70, that the special counsellor course be a minimum of one year in length and that it consist of: (a) Directed reading in the general field of mental health and the special field of behavior and emotional problems and that this reading be followed by seminars which discuss the application of mental health principles to school practices; (b) Conferences with representatives of community services in the fields of health, mental health, welfare and corrections; (c) Visits to the various types of community services in the above fields with adequate preparation for and follow-up of such visits; (d) Considerable supervised practical experience on a systematic basis in the identification of children with problems, counselling such children, consulting with classroom teachers on emotional and behavior problems, and serving as a liaison officer in the community.

Recommendation #71, that, in evaluating and supervising practical experience of those training to be special counsellors, full use be made of such devices as video tapes, audio tapes, and one-way vision and hearing facilities, and that these be used both for individual and group evaluation of a trainee's performance.

Recommendation #72, that no teacher be appointed as a secondary school counsellor who has not had the minimum of one year of graduate university work in counselling and that where teachers are presently serving as counsellors with inadequate training, school authorities make every effort to assist such teachers to obtain the necessary training.

Recommendation #73, that, in choosing a course of training as a secondary school counsellor, teachers consider not only the theory section of the course but also the degree to which supervised practical counselling experience is provided and, that, in such supervised experience, video tapes, audio tapes, and one-way vision and hearing facilities be used in order to make evaluation possible by the supervisor, the class group and the trainee himself.

Recommendation #74, that the adequate training of a professional school psychologist should include as a minimum a master's degree in psychology or in educational psychology, and either classroom experience, or, in the case of a clinical or educational psychologist working in the schools, a definite period of internship in a school setting and that, in any case, the school psychologist, with or without a teaching certificate, to be effective, should be able to discuss with teachers a child's problem in terms that are meaningful to them and also be able to recommend practical steps which the teacher can take in his teaching of both handicapped and normal children.

Recommendation #75, that in the training of remedial teachers or remedial consultants in the fields of reading, speech and behavior disorders, a one-year's graduate course be considered a minimum requirement for teachers preparing for such service.

Recommendation #76, that the British Columbia School Trustees Association and its branches explore the possibility of school districts increasing their special services for emotionally disturbed and other handicapped children through sharing the services of such specialized school personnel as school psychologists, special counsellors, school social workers, consultants in reading, speech and behavior disorders, and itinerant supportive teachers.

Recommendation #77, that neighboring school districts cooperate in organizing workshops for regular classroom teachers and supervisors in order to increase their understanding of emotional problems and to assist them in identifying and dealing with such problems in the early stages of their development.

Recommendation #78, that, in view of the expense involved to smaller school districts in providing for the services of such specialized school personnel as remedial or itinerant supportive teachers, special counsellors or school psychologists, and for the additional travelling expenses of such personnel, the Department of Education consider the provision of extra financial help to these districts beyond that now available under the regulations for grants to special educational services in schools.

Recommendation #79, that the Department of Education study the provisions that are applicable to the transportation of emotionally disturbed children who can profit by attendance at special or regular classes held in a school outside their regular school area with a view to providing special grants for the transportation of such pupils.

Recommendation #80, that the provincial government establish the policy that the school board of any district in which residential treatment centres for children are located provide special teachers from its staff for the education of children in such centres, whether these children are legally residents of the district or not and that the salaries of such teachers and other operating expenses be recoverable from the appropriate department of health services, welfare, or correctional services.

Recommendation #81, that the school organization should be such that each child can make continuous progress through the eight years (kindergarten - grade 7) of the elementary school with learning experiences appropriate to his needs, his achievement and his stage of development.

Recommendation #82, that whatever system of evaluating pupil progress is used, it should be in harmony with and promote the general objectives of education for all children; that pupils have the opportunity to develop the skills of self-evaluation; and that testing procedures be used by teachers for diagnosing pupils' needs, strengths and difficulties, and as a guide in planning appropriate learning situations with their pupils.

Recommendation #83, that, in reporting to parents, emphasis be placed on individual teacher-parent conferences and the anecdotal type of report card; and that the purpose of reporting pupil progress be to help the parents to understand how best to guide their child to be his own best in accordance with his strengths, deficits, needs and style of learning.

Recommendation #84, that, the curriculum of a school be viewed in terms of classroom, school and community experiences which will promote emotional maturity and stability as well as intellectual development and social responsibility, and that these experiences be sufficiently individualized that they meet the needs of each pupil in accordance with the stage of his growth and achievement.

Recommendation #85, that the Department of Education, in cooperation with the British Columbia Teachers' Federation develop broad curriculum outlines and that considerable freedom be given to teachers and pupils in planning appropriate learning experiences within these broad outlines.

Recommendation #86, that the curricular experiences of pupils should include such discussion of and practice in the skills of human relations and communication as to lead them to find satisfaction for their psychological needs for belonging, independence, achievement, recognition and self-esteem; and that the study of human relations should include such topics as family-life education, the individual and society, freedom and authority and world responsibility.

Recommendation #87, that methods of teaching should stress first-hand experience, pupil involvement, investigation, experimentation, critical thinking, independent study, problem-solving, creativity and the development of a healthy self-concept rather than the memorization of material which is often not relevant to the needs or interests of the pupil.

Recommendation #88, that, as a means of developing emotional maturity and social responsibility in children, "discipline" be treated as a learning experience for the pupil in achieving the ability to live and work with others in the school situation, and that the principles of learning be applied to this aspect as to other aspects of learning.

Recommendation #89, that, because of the effects of the personality and emotional stability of the teacher on the development of emotional maturity and psychological satisfactions in students, teacher-education institutions should carefully screen candidates for teacher education and, that they give their student-teachers such guidance and counselling as will help these students to develop their personal strengths and overcome their weaknesses.

Recommendation #90, that, since poor conditions of work are a mental health hazard for teachers, school boards should make sure that undue strain is not placed on the teacher through too large classes, overcrowded classrooms, too heavy work loads, lack of adequate supplies and equipment, too much clerical work, too much supervision of out-of-class activities or too little time to plan for pupil experiences and growth.

Recommendation #91, that, since teachers are likely to achieve personal satisfaction as well as effectiveness in teaching, only if they continue to grow professionally, school boards and educational administrators should make it possible through leave from teaching duties and financial assistance for teachers to attend professional workshops and conferences, short courses and university courses as well as to visit other classes and schools where experimental programs are being carried on.

Recommendation #92, that the provincial teachers' federation conduct workshops in which are discussed the various types of professional relationships in which educators are involved -- principal-teacher, teacher-fellow teacher, teacher-pupil, teacher-parent, teacher-public, teacher-superintendent, school board-principal, and principal-superintendent.

Recommendation #93, that, since teachers are human and likely to encounter from time to time personal problems for which they need counselling and help, and since teachers may be unwilling to seek counselling from within the school system, the British Columbia Teachers' Federation consider the feasibility of providing such counselling within the professional organization or professional help outside the organization.

Recommendation #94, that, since, in a democracy, schools cannot be much better than the public opinion on which they rest, the school, in its attempt to build positive mental health in all its pupils, seek the intelligent understanding and active cooperation of the parents through providing them with the opportunity to participate in the discussion of newer trends and policies with respect to the present-day goals in education, the use of modern equipment and methods of teaching, the newer approach to discipline and recent trends in curriculum change.

Recommendation #95, that, in view of the inevitability of the partnership of the school with its pupils' community teachers (the mass media, the health, welfare, religious, recreational, cultural and law enforcement agencies, and the standards and values of the community) in affecting the development of emotional stability, responsible behavior and self-esteem, the school take the lead in calling periodic conferences of these community teachers to consider the co-ordination of the school's policies and efforts with the use of the community's resources in promoting maximum growth and development in the community's children and youth.

PART TWO:

DEVELOPMENTS, METHODS AND FINDINGS OF THE STUDY

1. The Background of the Study

The initiative for this study came from a committee of the Metropolitan (Vancouver) branch of the British Columbia School Trustees Association which was concerned with the practical problems of:

1. making general provision for the education of disturbed and disturbing children whose behavior: a) has a disrupting effect on the other members of the class, b) places undue pressure on the teacher, and c) furthers the disturbance of the pupil himself;

2. discharging the trustees' responsibility for the education of all children who can, with special services if necessary, be educated in the public schools;

3. deciding what services might be adequate for the education of disturbed children with regard to modified administrative provisions, specialized supportive personnel, special materials and equipment, and specially trained teachers.

Mr. R. F. Thorstensen, District Superintendent of Schools for Delta School District was asked to chair a Committee of educators in the field of special education to advise the trustees' committee as to what action might be taken. The result was that the Committee of School Trustees of the Metropolitan (Vancouver) branch of the British Columbia School Trustees Association decided to apply to the Educational Research Institute of British Columbia for a research grant to make a survey of the present educational provisions for emotionally disturbed children in the province's public schools and to suggest ways in which the needs of these children could be met in more adequate fashion. The Educational Research Institute of British Columbia acceded to the request of the committee and made a grant of $6000 for the above purpose.

The trustees' committee asked Dr. S. R. Laycock, former Dean of Education at the University of Saskatchewan and now a resident of Vancouver, to direct the study with the assistance of Mr. James A. Findlay, Supervisor of Pupil Personnel, Burnaby School Board.

2. The Limits of the Study

1. The approach of the study was an educational rather than a medical one.

2. The study is limited to the schools of the province of British Columbia and to the school year 1968 - 1969.

3. The study was designed for children whose primary disability might be classed as emotional disturbance (as expressed in hyperactivity, distractability, withdrawal, bizarre behavior, etc.) rather than as perceptual handicap, demonstrable neurological impairment, mental retardation or cultural or educational deprivation. In the course of the study, this was modified to include those children who exhibit disturbed behavior whether this was due to environmental causes or to demonstrable brain damage. This does not mean that all evidences of emotional disturbance are to be considered as due to brain dysfunction. This point is further discussed in Part Three of this report.

4. The questionnaire which was devised made use of the following (California) definition: (See Ref. 22)

Emotionally disturbed children include those with one or more of the following:-

a) An inability to learn which cannot be explained by intellectual, sensory or health factors.

b) An inability to maintain satisfying interpersonal relationships.

c) Inappropriate behavior or feelings under normal conditions.

d) A general pervasive mood of unhappiness or depression.

e) A tendency to develop physical symptoms, speech problems, pains or fears associated with personal or school problems.

Some difficulties arose in connection with this definition and these are discussed in Part Three.

5. The study was limited to emotionally disturbed children who, with special services from within and without the school, can have their needs met by attending public schools.

6. Excluded from this study are those seriously disturbed children who require education and treatment in a special day school or special residential school although these children are recognized as a community responsibility at least so far as their education is concerned.

7. The study is descriptive rather than statistical.

3. General Plan of the Study

1. The Study in British Columbia

a) A survey was made of educational provisions for emotionally disturbed children by means of a forty-item questionnaire (See page 37) which was distributed to the fifty-four District Superintendents of Schools in charge of the eighty-two school districts in British Columbia.

b) The director and/or the assistant-director of the study used the questionnaire as the basis for structured interviews and informal conferences with appropriate school officials in selected areas of the Lower Mainland, Vancouver Island and the Interior of the province, with emphasis on those districts which have developed special services for emotionally disturbed children.

c) In connection with the above conferences visits were paid to schools where special provision is made for the education of emotionally disturbed children.

d) The study did not attempt to discover the probable number of emotionally disturbed children in the province since the results of many studies are available, including a recent one of the incidence of emotionally disturbed children in the Vancouver schools. (See page 162)

2. The Study of Educational Provisions for Disturbed Children Outside British Columbia

This included the gathering of information about educational provisions for disturbed children in selected areas of Canada and the United States. (See page 138)

3. Review of Pertinent Literature

(See page 150)

4. Description of the Study in British Columbia

1. The Questionnaire: Its Distribution and Resulting Information

a) Development of the questionnaire. The directors, after a preliminary review of the literature and a gathering of considerable information as to educational provisions for emotionally disturbed children in other centres, devised a forty-item questionnaire designed to discover the policies and practices of the eighty-two school districts of the province with respect to educational provisions for emotionally disturbed children as well as to obtain the opinions of the district superintendents as to what services were required to meet more adequately the needs of such children.

b) A copy of the questionnaire which was sent to all the district superintendents of schools in British Columbia is found on pages 37-42.

c) A copy of the letter which accompanied the questionnaire and which explained the nature of the study is found on pages 43-44.

d) As a measure of the concern of superintendents and school boards in providing adequately for emotionally disturbed children in the schools, the directors of the study received a 100 percent return of the questionnaires. This is a truly phenomenal response to a questionnaire.

e) An analysis of the responses to the individual items of the questionnaire is given in detail on pages 45-135.

SURVEY OF THE EDUCATIONAL PROVISIONS FOR, AND NEEDS OF EMOTIONALLY DISTURBED CHILDREN IN THE ELEMENTARY AND SECONDARY SCHOOLS OF BRITISH COLUMBIA

October, 1968

QUESTIONNAIRE (Condensed Form)

Directed to Superintendents of Schools and School Boards in British Columbia

NOTE: Where sufficient space has not been left for your comments, please continue on the back of the page or on a separate sheet of paper.

1. Has your school board a definite policy with regard to the education of emotionally disturbed children? If so, what is that policy?

2. How does your school board define "emotionally disturbed children"?

3. Do you distinguish for purposes of education, those children whose primary handicap is emotional disturbance from those children whose primary disability is neurological impairment, perceptual handicap, mental retardation, educational deprivation and social maladjustment? If so, how?

4. Would you accept as a working defintion of an emotionally disturbed child the following (California) definition?:
   Emotionally disturbed children include those with one or more of the following:
   1) An inability to learn which cannot be explained by intellectual, sensory, or health factors.
   2) An inability to maintain satisfying interpersonal relationships.
   3) Inappropriate behavior or feelings under normal conditions.
   4) A general pervasive mood of unhappiness or depression.
   5) A tendency to develop physical symptoms, speech problems, pains or fears associated with personal or school problems.

5. When a teacher indicates to a principal, or to specialized school personnel that a pupil exhibits emotionally disturbed

behavior, what are the next steps taken in your school district to diagnose the pupil's disability?

6. a) Which services of the following types of specialized school personnel and of personnel outside the school are available to the schools of your district? (Please check.):

    1) School psychologist
    2) Supervisor of special education
    3) Special counsellor for the district
    4) School counsellor (secondary)
    5) School counsellor (elementary)
    6) Consultant teachers
    7) Child development workers
    8) School social worker
    9) School nurse
    10) School physician
    11) Mental health clinic consultant service.

    b) What combinations of roles do the available specialized personnel in your district assume in order to provide as many as possible of the above services?

7. When the diagnostic study of a child has been completed and the recommendations of specialized school or clinical personnel are available, does a planning committee determine what educational provisions best meet each emotionally disturbed child's needs?

8. a) When it is decided that an emotionally disturbed child needs special services either in a regular or special class, is the matter discussed fully with the child's parents and their consent and cooperation secured?

    b) Who makes this contact with the parents?

    c) What efforts are made to keep in regular contact with the child's parents while he is being given special help in a regular or special class?

    d) Are the parents actively involved in the child's rehabilitation?

    e) Do the parents of pupils in a special class for emotionally disturbed children meet as a group at regular intervals?

9. Is it your policy to keep an emotionally disturbed child in his regular class if it is possible to meet his needs there effectively by giving extra help to the child and his teacher?

10. Would you remove an emotionally disturbed child from his own class to another regular class in the same school or to a class in another school if the planning committee considered this advisable?

11. If an emotionally disturbed child remains in a regular class, what help is given him and his teacher by the special counsellor, the school psychologist, the school counsellor, or other specialized school personnel, or by a child guidance or mental health clinic consultant?

12. Do you use (a) paid teacher aides, (b) volunteer aides, to help the teacher of a regular class which has one or more emotionally disturbed children?

13. (a) What is your policy with regard to handling "crises" where a pupil becomes very disturbed or disturbing? (b) If the child is removed from his classroom, to what place in the school is he taken and who accompanies him? (c) Is he sometimes taken for a walk by a paid or volunteer aide or by a school staff member until the crisis is passed?

14. (a) Do you have in your school system a special class or classes for emotionally disturbed children? (b) If so, how many classes and how many children are there in each class? (c) Are these at the primary, intermediate or secondary level?

15. If you have a special class for emotionally disturbed children, on what basis are the pupils selected for such a class?

16. What help does the special class teacher receive from various types of specialized school personnel or clinic personnel?

17. (a) Do you have paid teacher aides in each special class for emotionally disturbed children? (b) If so, how much is paid for such service? (c) What background of education and training do such aides have? (d) Who selects these aides? (e) What are their duties?

18. (a) Do you have volunteer aides for each special class for emotionally disturbed children? (b) Who selects and supervises these aides? (c) What qualifications of personality and background should such an aide possess?

19. (a) What name do you use for your special class for emotionally disturbed children? (b) Is the name satisfactory? (c) If not, what name do you suggest? (d) Do members of the school staff or pupils use informal names for the class? (e) If so, what are these?

20. (a) In what ways does a special classroom for emotionally disturbed children differ from a regular classroom with respect to physical facilities?
(b) Do you reduce the stimuli present in the classroom? If so, how?
(c) Do you have cubicles or carrels for use of pupils when required? Are these permanent or temporary fixtures in the classroom?

21. a) What general approach to teaching methods is used for the teaching of emotionally disturbed pupils? Are these methods based on the child's background and the conflicts as revealed by the diagnosis, or on the reinforcement and conditioning theory, or the interpersonal relationship theory or self concept theory?

b) How far is the class "structured"?

22. Who selects special class teachers for the emotionally disturbed?

23. What type and degree of training is required of special class teachers?

24. Does the teacher of a special class for the emotionally disturbed receive extra remuneration? If so, how much?

25. If you have special provision for emotionally disturbed children whether in regular or special classes, who supervises this work?

26. Is the compatibility of individual children taken into account in placing them in a special class, e.g. two highly aggressive youngsters in one class may create an impossible situation for the teacher?

27. Since authorities usually claim that the number of emotionally disturbed pupils in a special class may vary from four to ten or twelve pupils, who determines the size of a particular special class for the emotionally disturbed in a school?

28. What proportion of your pupils in a special class for emotionally disturbed pupils do you aim to return to a regular class? What proportion actually do return?

29. Is an emotionally disturbed child's regular teacher encouraged to keep track of him after the child has been transferred to a special class?

30. If a child is placed in a special class located in other than his regular school, what special provision is made for his transportation? Who pays for this? Is there a Department of Education grant which wholly or partly covers this expense?

31. If a child requires clinic treatment while in a special class, what steps are taken to ensure that the school principal, the special counsellor, the special class teacher, the school psychologist, the supervisor of special education or other appropriate school personnel are full and active partners with the clinic personnel in the total treatment of the child?

32. In the event of the child being treated in a clinic while attending classes in the school, do clinic personnel come to the school to observe the procedures in regular and special classes and to study the emotionally disturbed child in his school setting?

33. Is adequate provision made for evaluation at regular intervals of the services provided for emotionally disturbed children in a regular or special class in your district? Is this on a research basis or by subjective evaluation? Who makes such evaluations?

34. When a child who has been in a special class is returned to a regular class, what provision is made for follow-up work and special help in the child's readjustment?

35. If a child is removed from a regular school to a special day or residential school, to what degree is his district school board responsible for his education?

36. When an emotionally disturbed child has been transferred to such a special day or residential school, what arrangements are made for contact between the teachers and specialized school personnel of the child's regular school and the staff of the day or residential school or treatment centre?

37. If a child is being discharged from a special school or treatment centre to return to a regular school, what arrangements are made to make the transition a maximally effective one?

38. Does your board provide the opportunity of in-service education for teachers in which the mental health implications of teaching methods and administration practices can be discussed? Are such meetings held in school time?

39. What opportunity is provided for special class teachers and other specialized personnel to acquaint the teachers of your district and the public with the needs of emotionally disturbed children and attempts to meet these needs?

40. What additional services do you think would best meet the needs of emotionally disturbed children in your district?

(Letter sent to all District Superintendents
of Schools in British Columbia)

1490 Balfour Avenue,
Vancouver 9, B. C.
October 28, 1968.

Dear

Re: Research Study of Educational Facilities for Emotionally Disturbed Children in the Schools of British Columbia

Mr. Thorstenson has explained in his letter to you the concern of the School Trustees of British Columbia over meeting more adequately the needs of disturbed and disturbing children in the schools of the province. This concern has led them to take the initiative to secure a grant from the Educational Research Institute of British Columbia to conduct a study to discover what educational provisions for emotionally disturbed children are presently available in the schools of British Columbia, what facilities are available for these children in progressive school systems in Canada and the United States, and particularly what practical steps can be taken in British Columbia to provide more adequate educational facilities for emotionally disturbed youngsters.

Mr. Thorstenson and his advisory committee have secured the necessary grant and have asked me to direct the study, assisted by Mr. James A. Findlay, Supervisor of Pupil Personnel, Burnaby School District.

The study is specific in two respects:

(1) It is confined to those children whose primary disability is considered to be that of being emotionally disturbed rather than that of being educationally handicapped, neurologically impaired, mentally retarded, or delinquent as such;

. . . .2

(2) It is restricted to children who are not so profoundly disturbed as to need residential care and treatment, but who can, with special provisions for their needs, remain in their own school either in their regular class or in a special class or during visits to a mental health clinic for treatment.

Because of limits of time and money it will not be possible for me or Mr. Findlay to visit all the school districts. We have, therefore, developed a rather extensive questionnaire which we would be grateful if you would either complete yourself or arrange for your Director of Special Education to do so. I would especially request that, if you do not complete the questionnaire yourself, you read it and if possible, ask the members of your board to do so. This is because the questionnaire does represent to a considerable degree, the trends of thought and practice as well as the problems encountered in providing adequate services for emotionally disturbed children. In addition, this study represents one of the earliest requests by the School Trustees for research funds from the B. C. Educational Research Institute. If you wish extra copies of the questionnaire in condensed form (sample enclosed) for members of your staff or your school board, please ask for them from Mr. James A. Findlay, c/o School Board Office, Burnaby School District #41, 5325 Kincaid Street, Burnaby 2, B. C.

I fully realize that questionnaires are time-consuming and that your own administrative duties are extremely heavy. None the less, the specific items of the questionnaire are necessary if we are to get adequate and comparable data from the school districts of the province.

May I have your cooperation in this study to attempt to meet the educational needs of an important group of children in the schools of our province? I would be grateful if you could return the completed questionnaire(s) to me at the above address by December 1st.

Very sincerely yours,

S. R. Laycock,
Director, Research Study,
Educational Provisions for
Emotionally Disturbed Children
in the Schools of British Columbia.

ANALYSIS OF ITEMS OF THE QUESTIONNAIRE

Item One - Has your school board a definite policy with regard to the education of emotionally disturbed children? If so, what is that policy?

This question was aimed at discovering whether school boards had discussed the problem of how best to provide for the educational needs of emotionally disturbed children, and if they had established a considered policy with respect to meeting these needs.

Fifty-three of the eighty-two districts either gave a flat "no" to this question or made a general statement that teachers received general suggestions as to how to deal with the problem in their classroom. This is not to be interpreted as indicating a lack of interest in meeting the needs of emotionally disturbed children since considerable concern for doing so was expressed through other items in the questionnaire. In a few cases, superintendents in the more remote areas of the province seemed to feel that their problem in staffing the schools and in providing a basic program for their pupils in general absorbed all their available time and energy. In addition, a few superintendents felt that with smaller classes and greater tolerance of unusual behavior in rural areas, the problem of dealing with disturbed children was not an acute one.

In studying the returns of the questionnaire it soon became evident that the nature of the educational provisions for emotionally disturbed children did not depend entirely on the size of the school district or on whether it was rural or urban. Often it seemed to depend on the degree of priority assigned by school boards and district superintendents of schools to this problem and by their success in obtaining effective personnel as special counsellors, teaching consultants and supervisors of special education, elementary education, etc. One of the most thoughtful returns came from the district superintendent of one of the most remote districts of the province where problems in staffing and administering the schools must be particularly difficult.

While a detailed analysis of the returns would involve much overlapping of ideas and practices, a sampling of the answers to Item One follows:

(1) No definite policy other than to assist the teachers wherever possible to deal with the problem in their own classroom.

(2) Use the services of mental health team and other local help through the Departments of Health and Welfare.

(3) In keeping with Recommendation #28 of the Report of the British Columbia Teachers' Federation Commission on Education (Ref. 21), we believe that exceptional children should be accommodated in the regular class organization with auxiliary services to support the teacher and principal.

(4) There is no definite policy within our district regarding the education of the emotionally disturbed. Those children diagnosed as being emotionally disturbed would be fitted into our special education program but not specifically into a class for emotionally disturbed children.

(5) Mild and moderate cases of emotional disturbance should be retained in the regular class with the use of auxiliary services helping the teacher, child and parents. Wherever appropriate, outside professional help is involved in cooperative management of the problems. In cases of moderate emotional disturbance this school board has an observation class for diagnosis, remediation and development of teaching procedures for children encountering emotional, neurological or perceptual problems which impede educational progress. This school board maintains three classes for children whose emotional problems are impeding their educational progress.

The answers to Item One of the questionnaire indicate a variety of methods of dealing with the education of emotionally disturbed children. These range from school districts which assign little or no priority to the problem to those who have a considered policy of retaining such children in regular classes and providing the classroom teacher with a variety of supportive services through the use of specialized school personnel and clinic personnel as well as to those who provide special classes either for children considered emotionally disturbed or for a general group of children with learning problems.

Item Two - How does your school board define "emotionally disturbed children"?

This question was asked both for the information it provides and to discover the frame of reference from which the other items of the questionnaire were answered.

While there is a wide divergence among mental health authorities as to what might be considered an adequate definition of emotional disturbance in children, all but 32 of the 82 districts reporting attempted a working definition of the term "emotionally disturbed" as used in their system.

Samples of answers to Item Two follow:

(1) No definition has been developed.

(2) The board has no official definition but would concur in the California definition indicated in Item Four of this questionnaire.

(3) As there is no classification or segregation, a definition is not used. Therapy is applied according to the diagnosis and recommendations of the psychologist and psychiatrist for each individual.

(4) Emotionally disturbed children are those with emotional problems exhibited in maladaptive behavior that seriously interfere with the learning experience of the child himself and for others in the group.

(5) The special counsellor of the school board and the psychiatrist of the health unit define this. An attempt is made to differentiate between the neurologically handicapped, the perceptually handicapped and others.

(6) Adjustment classes are established to provide a therapeutic situation for those pupils who cannot function in a regular classroom because of severe emotional disturbance. Criteria for admission to an adjustment class are: (1) inability to adjust in a regular classroom; (2) a psychiatric report indicating an emotional disturbance; (3) a pattern of behavior that is compatible with that of other pupils in the special class.

(7) While emotional disturbance is a blanket term covering a number of diagnostic categories, the emotionally disturbed

child is one who generally fits this description:

- He is unhappy and insecure within himself and has poor relationships with other people and his environment.
- He is excessively hostile and aggressive or fearful and withdraws into his fantasy life.
- He has numerous non-organic physical complaints or has too little control over his bodily functions without too clearly defined organic causes.

(8) Those with primary emotional problems would include those unable to establish contact with the environment or unable to perceive the world around them through anxiety or other causes, yet with intact language; those unable to respond to the environment or unable to perceive reality normally and with severely impaired language; those who are highly aggressive and negative; those who are markedly regressive, dependent or clinging; those who are constantly on their guard, on the defensive, thus warding off all contacts with peers or adults.

The replies to Item Two of the questionnaire seem to fall into four categories: (1) an unwillingness to attempt to define the term "emotionally disturbed"; (2) a willingness to accept as a working definition the California definition suggested in Item Four; (3) a decision to leave the matter to "the experts"; (4) a placing of the emphasis on maladaptive behavior in the classroom, sometimes differentiating emotional problems from other learning problems and sometimes not doing so.

Item Three - Do you distinguish for purposes of education those children whose primary handicap is emotional disturbance from those children whose primary disability is neurological impairment, perceptual handicap, mental retardation, educational deprivation and social maladjustment?

The answers to this item are not all clear-cut. This may be due, in part, to the differing views of the extent to which the behavior of disturbed children can be classed as the result of neurological impairment (see pages 156-159) and the varying practices which accompany the classification when made.

The confusion may also be due to the fact that many children classified as mentally retarded, perceptually handicapped, orthopedically handicapped, sensory handicapped, or neurologically impaired (when considered as separate from emotionally disturbed) may have a secondary handicap of emotional disturbance. In other words, many of such children may be considered multiply-handicapped and will need treatment for their maladaptive behavior as well as for their primary disability.

Of the answers given by the 82 districts to this item, 46 might reasonably be classed as "yes", at least in theory if not always in practice, 14 might reasonably be classed as "no" and 12 did not give enough information to enable them to be placed in either the "yes" or "no" column.

Samples of replies to this item are the following:

(1) Yes. Educable mentally retarded students are, wherever possible, housed separately (although in a regular school housing regular classes). Emotionally disturbed are, in the main, placed in regular classes although some are included in a remedial class of 15 pupils so that their needs are more closely met.

(2) Primarily no. We do distinguish for purposes of education those children whose primary disability is neurological impairment and/or perceptual handicap and mental retardation. We do have one class of students aged 12-14 who basically

are emotionally disturbed as classified from a behavioral point of view. These students have been in the special classes for 2 - 6 years and would experience considerable difficulty in attempting to function within a regular class setting. Inasmuch as we have disbanded the majority of our special classes, except as stated above, this class for the "emotionally disturbed" is a form of a transition class.

(3) We distinguish primary emotional disturbance from secondary emotional problems by means of diagnostic testing, observation and consultation. We work hand in hand with the mental health service in this area. Doubtful cases are seen by both agencies.

(4) We recognize this distinction but little, if any, difference is made in educational treatment of these children except, perhaps in expectations of achievement.

(5) Yes, neurologically impaired and perceptually handicapped are placed in classes for children with learning disorders. If the impairment is not severe they may receive remedial instruction only. Mentally retarded are grouped as those with definite limited scholastic ability. The educationally deprived and socially maladjusted are treated on an individualized basis only (no mention of emotionally disturbed as such).

(6) We do distinguish for purposes of education, the kinds of disabilities. This labelling is not done, however, for placement in a particular special class but rather to define a teaching program for the child.

(7) The district special class which is established is a combination of emotionally disturbed, socially maladjusted and disturbing children. Children suffering from perceptual handicaps would not be included.

(8) Yes, at least among the main categories of primary disability Among those referred to in this question we would make the following distinctions as separate disability entities: (1) neurological impairment; (2) mental retardation; (3) learning disabilities (this would include perceptual and other concomitant handicaps). Educational deprivation and social maladjustment would not be distinguished

separately but probably under No. 3 or under the heading "emotional disturbance". How? By assessment of distinguishing symptoms.

(9) To the degree that the such distinction is relevant to the program and often it is not.

10) Yes in that special classes are available for the neurologically impaired, mentally retarded and educationally deprived children. Perceptual training is given in kindergarten and first year primary. Since emotional disturbance can accompany any of the preceding conditions, further differentiation is carried out by means of teacher observation and referral to a psychologist or psychiatrist.

The above and other answers to Item Three indicate that the thinking in the school districts regarding the nature of special provisions for emotionally disturbed children and those with other disabilities is in a state of flux with a tendency to classify and segregate pupils only insofar as this is conductive to dealing in the most effective fashion with the particular behavioral and learning disabilities they exhibit.

Item Four - Would you accept as a working definition of an emotionally disturbed child the following (California) definition?

(1) Inability to learn which cannot be explained by intellectual, sensory or health factors.

(2) An inability to maintain satisfying interpersonal relationships.

(3) Inappropriate behavior and feelings under normal conditions.

(4) A general pervasive mood of unhappiness or depression.

(5) A tendency to develop physical symptoms, speech problems, pains or fears associated with personal or school problems.

In a preliminary report of a research study, The Emotionally Handicapped Child in the School (Ref. 22), published by the California State Department of Education, the above definition was used as the basis for the study. Since there is no common agreement among authorities as to the precise definition of what constitutes emotional disturbance in children, the directors of this study decided that, for purposes of the study made by the questionnaire, they would use the California definition. This definition was modified somewhat during the course of the study to that expressed in Recommendation #1 on page 156.

The purpose of Item Four was to give the respondents to the questionnaire an opportunity to react positively or negatively to a specific definition of the emotionally disturbed child and also to provide them with a specific frame of reference for answering the items of the questionnaire.

Sixty-two of the districts responding expressed agreement, four responses could be classed as "no". One questionnaire did not have a reply, and nine were in partial or qualified agreement.

Negative or qualified responses to Item Four follow:

(1) No. These items are sometimes symptoms of various conditions without being, singly, conclusive proof of the presence of emotional disturbance and/or of a number of other conditions.

(2) Re number (1) - No. We do not agree with diagnosis by exclusion. There must be evidence (clinical, psychometric, or both) of emotional disturbance, whether it is primary or secondary.
Re (2), (3), (4) and (5) - Yes.

(3) Sounds possible but would prefer the positive approach. Some of these in combinations could indicate brain damage too.

(4) I would not be prepared to accept the definition outlined in this section. In my opinion, it is far too broad and would include far too great a proportion of the general population.

(5) This definition is too loose. -

a) It leaves out pupils with specific learning disabilities, the culturally deprived or alienated, those with problems in motivation.

b) It does not necessarily imply emotional disturbance, since the teen-ager who does not fit into his family, his neighborhood or peer group is not necessarily disturbed.

c) What about the epilepsies?

d) It may be the result of inappropriate program, learning disabilities, social or cultural isolation.

Item Five - When a teacher indicates to a principal that a pupil exhibits emotionally disturbed behavior, what are the next steps taken in your school district to diagnose the pupil's disabilities?

The purpose of Item Five was, (1) to determine whether the approach to the problem of dealing with emotionally disturbed children was primarily an educational or medical approach, and (2) to discover at what point and to what extent the various types of school personnel (teacher, principal, special counsellor, school psychologist, supervisor of special education, director or supervisor of elementary or secondary education, school nurse, school counsellor, school social worker) as well as public health, mental health and welfare services were involved in the identification and diagnosis of, and suggested educational provisions for, emotionally disturbed children.

In general the responses to Item Five indicated, that while some rural districts had few specialized school personnel of their own and, therefore, tended to rely on direct referral of their more serious problems to public health services or mental health clinics, this was not always the case. Some rural areas do have specialized school personnel of their own or, as in the case of at least two rural districts, have arranged to make use of the specialized school services of the nearest urban centre. In general, the trend appears to be that the larger urban centres and suburban centres make full use of their specialized school personnel before calling in the services of the health agencies and the mental health clinic, though two exceptions to this procedure were reported, one from a fairly large district in the interior of the province and one in a suburban district of the lower mainland. The school nurse appears to be regarded as an essential member of the school team in identification and diagnosis of problems and especially in making contacts with parents. Returns from the districts indicate different procedures with respect to involving the family doctor. Some districts appear to refer problems of emotional disturbance directly to the public health service or to the mental health clinic without reference to the family doctor; others refer all such cases through the family physician; still others consult the family doctor after the finding of the clinic has been made available.

Examples of differing approaches follow:

(1) Principal and teacher bring to bear their own personal resources.

(2) No diagnosis, except in extreme cases we use the mental health clinic.

(3) Referral to public health nurse to arrange for assessment by travelling clinic.

(4) (a) Arrange interview with child guidance clinic.
    (b) Discuss with teachers concerned the findings of the clinic.
    (c) Where deemed advisable, place child in special class for those with learning disabilities.
    (d) Work closely with parents.

(5) The child is interviewed and psychological tests administered. The child is seen by the family doctor who, with the permission of the parents, gives his findings to the special counsellor or is referred by the local health unit to a psychiatrist with whom the counsellor has good working relationships.

(6) (a) On receipt of referral form, the special counsellor assesses the case. When an emotional problem is suspected, the Ottawa School Behavior Checklist is delivered to the school for completion and return.
    (The order of the next items varies)
    (b) The school nurse is asked for a check on visual acuity, a hearing check and for pertinent medical and social history.
    (c) The child is interviewed (usually at the school) and may be given part of the screening battery: Bender-Gestalt, Peabody P.V.T. or Raven Progressive Matrices.
    (d) A parent interview is scheduled at which the problem is presented, a social history is taken, permission obtained to proceed with further testing, permission is obtained for consultation with and access to records of family doctor and other professionals.
    (e) Diagnostic testing and evaluation sessions are held with the child.
    (f) Pertinent medical and other documentation is reviewed.
    (g) Such referrals as may be deemed advisable are initiated.

(7) The teacher refers the child to the principal. The principal refers the child to the special counsellor. The special counsellor may have several sessions with the individual child before asking for a conference of the principal, teacher, public health nurse, and special counsellor to discuss possible referral to the mental health team.

(8) Normally, the principal refers the child to the special counsellor who sees the child, followed by a conference of personnel concerned. In many cases this will initially involve the public health nurse and the school psychologist. This step may be followed by remediation after involving parents. In other cases parents may be encouraged to consult the family doctor with a view to further outside referral, where necessary. Another alternative may be to offer the services of Metropolitan Health Service mental hygiene clinic for further diagnosis.

If a child is felt to be in need of special placement his name is forwarded to the screening committee (the assistant-director of pupil personnel services, the supervisor of special education, a representative of school health services and other personnel as required). The child whose diagnosis is in doubt will have his case reviewed by the screening committee which may make a trial placement or recommend a period of diagnostic observation in the observation class. In the case of children whose problems are mainly related to emotional illness, school personnel encourage the parents to be involved before and after recommendations are made relating to their child.

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Item Six - (a) Which services of the following types of specialized school personnel and of personnel outside the school are available to the schools of your district? (Please check)

(1) School psychologist
(2) Supervisor of special education
(3) Special counsellor for the district
(4) School counsellor (secondary)
(5) School counsellor (elementary)
(6) Consultant teachers
(7) Child development workers
(8) School social worker
(9) School nurse
(10) School physician
(11) Mental health clinic consultant service

(b) What combination of roles do the available specialized personnel in your district assume in order to provide as many as possible of the above services?

The purposes of Item Six were to discover what supportive services were available, from school and outside personnel, to the teacher of an emotionally disturbed child, to the child himself and to the child's parents.

Of the eighty-two districts in the province, thirteen appear to have school psychologists and ten others report having the part-time services of a psychologist, usually services from the mental health clinic psychologist. The amount of this service appears to vary. One district, for example, has the services of the mental health psychologist for one day each week. Other districts probably receive a psychologist's services only for referred cases. The latter is likely to preclude services of a preventive nature.

Eighteen of the eighty-two districts reported that they have a supervisor of special education, though his duties are sometimes combined with those of the district special counsellor or school psychologist. In a number of districts the director or supervisor of elementary education is also responsible for special education.

Thirty-eight of the eighty-two districts report having the services of a special counsellor for the district. In some cases, the duties of the special counsellor are combined with other duties. The position of special counsellor seems to be well established in the larger and less-rural areas of the province. For dealing with early cases of emotional disturbance, the special counsellor seems to play a significant role. The question of the degree of training desirable for special counsellors is discussed on pages 234 to 236.

Seventy-three of the eighty-two districts reported having the services of secondary school counsellors. Probably most of the others also have them. This seems to be a well established practice in British Columbia. The investigation did not provide information as to the degree of training of such counsellors or their interest or competence in dealing with the emotional problems of adolescents. Since other services to disturbed adolescents appear to be very limited, the role of the secondary counsellor appears to be a major resource in dealing with the emotional problems of adolescents in secondary schools except in the case of more severely disturbed or disturbing adolescents who may be referred to the mental health clinic or to a private psychiatrist. The training of school counsellors is discussed on pages 236 to 238.

The designation "School Counsellor - Elementary" is apparently not used in British Columbia schools. The duties of such personnel are apparently chiefly undertaken by the special counsellors, the school psychologist, and also, to some degree by supervisors of elementary education, primary supervisor and, in rural areas, by the principals.

Thirty-five of the eighty-two districts indicated that they had consultant teachers. The term does not seem to be in general use in British Columbia in a special education context and the above figure probably does not indicate the extent to which teachers of pupils with emotional problems are given consultant service by other school personnel. Where school districts checked the item "consultant teachers", they usually meant the special counsellor, the primary supervisor, the supervisor of special education, the supervisor of elementary instruction, or special education teachers whose classes have been integrated into the regular classes and who now visit schools and give supportive services to teachers and pupils. The term "consultant teachers" is also frequently used for remedial teachers of pupils with a variety of learning disabilities. One district employs three developmental learning specialists for assessment purposes and three remedial consultants, one operating in each of three schools. Another school district has learning assistance centres in each elementary school with specialized personnel available.

The term "child development worker" is apparently little used in British Columbia schools. Only four districts checked the item. In two of these, the term was used to represent social workers from the provincial services. In one district a worker who is a therapeutic tutor might be designated as a child development worker. In another a psychiatric social worker employed by the district school board might be considered as a child development worker since his work is not that of a case worker who visits homes but rather is concerned with group therapy with children who have emotional problems.

Only fourteen of the replies from the eighty-two districts dealt specifically with the item "school social worker". As indicated above, one district employs its own psychiatric social worker who does group therapy rather than case work. One district pays for the half-time services of a social worker who works as part of a team in three schools with three developmental learning specialists and three remedial consultants. The district plans to expand this service. One district employs a social worker who acts as an attendance officer. For the remainder, most districts, especially the rural ones, use whatever services are available from social workers of the provincial Department of Welfare or the regional mental health centre. It is apparent, too, that, in many school districts, the duties of a school social worker are frequently performed by the public health nurse or the special counsellor who in a few cases is both a trained teacher and a trained social worker. Aspects of social work are also carried out by other school personnel from time to time. It would seem that the tendency is to use social workers from the provincial welfare or mental health services for referred cases and to use the public health nurse, special counsellor, or other school personnel for preventive work and for less severe emotional problems.

The public health nursing service seems to provide coverage for almost the entire province. This may be a provincial service administered by the Director of Public

Health Nursing, Department of Health Services, or it may be as in the case of Vancouver (including North and West Vancouver, Burnaby and Richmond) and Victoria (including Saanich and Sooke) under the direction of Metropolitan Health Services. All but three school districts in the province reported access to at least the part-time services of a public health nurse and there is good reason to believe that these three districts actually do have such services. One northern district reported that two of its schools (presumably in a remote area) were without such services. The directors of the study got the impression from visiting various districts that there was considerable variation in individual districts with regard to the degree of priority given by the public health nurses to the emotional problems of children and to the development of pupil mental health.

School districts in British Columbia appear not to have the services of a school physician appointed by the school board. Many of them, however, do have the services of a medical health officer through the local health departments. In general, health services are provided to school districts by the local health unit of the provincial public health services or by Metropolitan Health Services as listed above.

In response to the question as to whether the services of mental health clinics were available, the urban centres and those districts contiguous to them reported as being served by provincial mental health centres or by the Metropolitan Boards of Health (mental hygiene divisions). Two of the more remote areas comprising five school districts felt that the nearest regional mental health centre was too far away to be of practical use for those emotionally disturbed children who can attend school. Several other districts which are visited by a mental health travelling team two or three times a year felt that this was too limited a service. At least four districts in well-settled areas stated that travelling teams from the nearest established regional centre had been discontinued because of staff shortages at the centre. In some districts, some children are referred to a private psychiatrist by the family doctor.

The general conclusion to be drawn from the responses to Item Six of the questionnaire is that the provision of supportive personnel and services for emotionally disturbed children in the schools varies greatly from school to school.

While the larger centres and the suburban areas appear to have reasonably adequate services, the most remote school districts have inadequate provision for such services. Districts falling into a category between these two groups have services with varying degrees of adequacy. Some of the required personnel for supportive services are available but there are often significant gaps in the services. The nature and number of specialized services provided appears to depend, in part, on the priority given to mental health services by the school board and the district superintendent and by the number and quality of the personnel they are able to attract to their district.

Item Seven - When the diagnostic study of a child has been completed and the recommendations of specialized school or clinical personnel are available, does a planning committee determine what educational provisions best meet each emotionally disturbed child's needs?

If so, does such a committee include the principal of the school, the child's classroom teacher, the school psychologist, the supervisor of special education, the special counsellor for the district, the school nurse, and either the school physician or a representative of a mental health clinic?

Item Seven was designed to discover the extent to which the determination of the educational provisions (school placement, school program and methods of teaching) for emotionally disturbed children was looked upon as an educational or a medical problem. In other words, an attempt was made to discover the degree to which a committee or case conference presided over by the principal or other appropriate school official and including the classroom teacher, relevant school personnel, as well as, where necessary, clinical personnel made the decision as to the nature of the educational services to be provided for the emotionally disturbed child.

Sixty-four of the eighty-two districts answered "yes" to the first part of this question, seventeen answered "no" and one district did not give an answer. The answers to both parts of Item Seven indicated quite a variation in practice. There was a tendency on the part of some districts to hand over their problems of disturbed and disturbing children either to health services or the mental health clinic and to accept their recommendations for the education of the child. However, in the great majority of cases, the principal is, in effect, chairman of a committee (whether formally organized as such or not) for determining what educational program should be provided for a disturbed child. Such a committee varies in size and composition depending on specialized personnel available. Sometimes it involves only the principal, the classroom teacher, and possibly the district superintendent of schools. At other times it will include a variety of specialized school personnel as well as representatives of health, welfare and clinic services from outside the school.

In one of the largest cities of the province, the determination of a suitable educational placement and program for an emotionally disturbed child consists of five steps: (1) Step One - Identification where the teacher or the school nurse brings a child to the attention of the principal and special counsellor. (2) Step Two - School Team Evaluation. The school team consists of the principal, the teacher, regular and special counsellors, public health nurse and school medical officer. (3) Step Three - Unit Team Evaluation. When the school team is unable to classify the child's difficulties, the unit team is called in. This unit team includes, in addition to the school team, such educational and clinical personnel as educational psychologists, speech and reading consultants, psychiatrists, clinical psychologists, social workers and other specialized personnel as required. When investigations are completed the educational and clinical members come together in conference to discuss the reports and to make recommendations. (4) Step Four - Screening Committee. This committee is composed of the assistant-director of pupil personnel services, the supervisor of special education and a representative from the psychological and school health services. The committee may refer a child whose placement is in doubt to the observation class. (5) Step Five - Educational Placement. The majority of children who arouse the concern of the teacher will undoubtedly continue with her, with recommendations for management from the school or unit team of which she is a member. Recommendations for placement in one of a variety of special settings may be made at Step two or three to the supervisor of special education. In addition to the use of the observation class, a child may be referred to a community agency for further assessment or may be given a trial placement. The specific move will be determined by the screening committee.

Samples of replies to Item Seven follow:

(1) No, but the principal and teacher are informed of the pertinent information contained in the clinic report.

(2) Yes, in varying degrees - no formal committee.

(3) Not applicable in these districts - or possible in most areas. It would appear that this second part refers in many cases to large centres or cities where such personnel exist. Such a committee would be most valuable indeed!

(4) Yes. As indicated the teachers and principal together with the school nurse and possibly the child's personal physician and occasionally a representative of the regional mental health clinic.

(5) We have no planning committee to determine what educational provisions best meet the emotionally disturbed child's needs. Such decisions are made by the special counsellor generally in consultation with the district superintendent of schools.

(6) Yes. A conference including the above personnel discusses the case. The final decision for educational placement falls upon the educational personnel.

(7) Sometimes. Composition varies, but will always include the principal, teacher(s) concerned, and special counsellor. Additional personnel will include all or some of: supervisor of elementary education; superintendency psychometrist; school nurse; probation officer; social worker; and mental health psychiatrist or his representative The family doctor has been involved on rare occasions.

(8) Elementary schools, yes. Secondary schools, no - except to a very limited degree.

(9) Yes. A case conference includes all of these mentioned and frequently community service personnel. Representatives from: family and children's service, family and children's court, family physicians and/or specialists, mental health clinic, and welfare agencies.

Item Eight - a) When it is decided that an emotionally disturbed child needs special services either in a regular or special class, is the matter discussed fully with the child's parents and their consent and cooperation secured?

b) Who makes this contact with the parents?

c) What efforts are made to keep in regular contact with the child's parents while he is being given special help in a regular or special class?

d) Are the parents actively involved in the child's rehabilitation?

e) Do the parents of pupils in a special class for emotionally disturbed children meet as a group at regular intervals?

In response to a) above, only one superintendency gave an answer of "no", one did not answer the question and one stated ambiguously "does not apply". Most of the replies consisted of straight "yes"; others were modified in ways like the following:

(1) In most cases.

(2) Yes, the matter is discussed with the parents and their consent and cooperation obtained before any action is taken.

(3) This question does not apply fully, but the parents are ordinarily involved in any meliorative techniques which are beyond the exclusive competence of the teacher.

(4) When assigned to a special class, yes - but not necessarily when handled in a regular class.

(5) In severe cases the parents are involved in the decision.

(6) Yes. I would assume this to be of prime importance.

The replies to the b) part of Item Eight indicated that, in forty-six of the eighty-two districts, the principal is the only or an alternate contact with parents. The special counsellor was mentioned as the only or alternate person in twenty-one districts and the public health nurse in fourteen districts. In seven districts special services personnel make contacts with parents. The elementary supervisor is mentioned four times, the teacher three times and the school psychologist, social welfare worker, the mental health clinic and the family doctor one time each. It is interesting that, although the secondary school counsellor would seem to occupy a key role in dealing with emotional problems in the secondary school, only three districts reported that he was the person who normally makes contact with parents. Two districts did not give an answer to question b). Several replies indicated that the school person who makes contact with parents was the one who already had good relationships with them.

Samples of replies to Item Eight b) follow:

(1) Either the special counsellor or public health nurse or both. Sometimes the contact is made through the family physician.

(2) The principal, special counsellor, social welfare worker or public health nurse.

(3) Usually the supervisor of special services through the school principal.

(4) Elementary counsellor, or secondary school counsellors or principals.

(5) Psychologist and principal.

(6) The person who has the closest contact with the parents - special counsellor, public health nurse, principal or supervisor of special education.

(7) Special counsellor with written consent obtained by school principal.

(8) Mental health clinic, public health services, principal of school.

(9) Normally, when special placement is being considered regarding decisions made by the screening committee, it is the assistant-director in charge of the pupil personnel services or his representative who makes the contact. This is normally followed by contact from the principal of the receiving school, should placement in another school be necessary.

10) May start with school social worker and varies with the circumstances of the case. The parents are kept in the picture throughout the process.

An analysis of the replies to Item Eight c) would seem to indicate that while nearly every district approves of keeping in touch with the parents of an emotionally disturbed child, the contact varies from being occasional, irregular and relatively formal, to that of being regular, consistent, personal and effective.

Examples of replies to Item Eight c) follow:

(1) The individual school and/or the nurse.

(2) The principal attends to this.

(3) Usual type of contacting or reporting.

(4) As far as possible, attempts are made to keep in contact with the parents by visits, phone calls, etc.

(5) Parent-teacher interviews upon request.

(6) No regular contact - as and when needed.

(7) Follow-up interviews by special counsellor and principal.

(8) Every effort - Our objective is to meet with them at least once each term.

(9) When in special class - weekly meetings. In regular class at teacher's discretion.

(10) Continuing communication among teacher, principal, special counsellor and parents mainly through telephone calls.

(11) All special education personnel keep in close contact with the parents, but the main contact is through the teacher who is working with the child.

(12) Contact is maintained by principal and/or teacher, or by school social worker, public health nurse or mental health centre staff.

(13) Meetings arranged at regular intervals with parents, and attended by such personnel as have been rendering the child special service.

(14) In regular class through teacher and principal. In emotionally disturbed classes there are monthly meetings with parents and school psychologist. This practice started experimentally this school year.

To Item Eight d) "Are the parents actively involved in the child's rehabilitation?", six of the eighty-two districts gave no reply; three replied "no"; two said "sometimes"; one said "to the extent of being informed". Thirty answered "yes" without elaborating their answer; one district reported that an emotionally disturbed child was not admitted to a special class unless the parents agreed to co-operate; forty districts said "yes" but with such qualifications as "if possible", and "where parents are co-operative".

Samples of qualified answers to Item Eight d) follow:

(1) Where possible the parents are actively involved. In many cases, the parents and the home situation are the cause of the child's difficulty. In such cases the parents are offered diagnostic and therapeutic treatment by the mental health clinic or are referred to a private psychiatrist.

(2) Yes - where parents are co-operative.

(3) When this is considered helpful and desirable a program of management may be drawn up for the parents.

(4) Where possible - they may live beyond normal communication.

(5) Wherever this is possible. In certain cases it has been felt that they could make no useful contribution (alcoholism, etc.).

(6) Some are - parents vary in ability, too.

(7) This depends upon the parents. However, the approach taken here is that the identified patient is not necessarily the person upon whom all efforts should be made, often it is a situational maladjustment and the "therapy" of choice is environmental manipulation.

(8) Only to the extent that they are counselled by the mental health clinic, the special counsellor, or the public health nurse.

(9) Actively - but whether positively is debatable on occasion.

10) Yes, inasmuch as recommendations are sometimes made to the parents as to how they can support and reinforce the particular consistent approach being adopted by the teacher.

To Item Eight e), "Do the parents of pupils in a special class for emotionally disturbed children meet as a group at regular intervals?", all but nine of the eighty-two districts answered "no" or "not applicable", since they do not have a special class.

The answers of nine districts were as follows:

(1) Yes, at weekly intervals.

(2) Yes. As a parent group - not for therapy.

(3) Only on parent-teachers' open house night.

(4) Various groups of parents whose children are in special class are organized from time to time, e.g. a group of parents who tend to be overprotective may meet with the principal, teacher and/or coordinator of special services.

(5) Yes. In group therapy units (six sets of parents for each unit) conducted weekly by our psychiatric social worker.

(6) Not as a regular procedure. Such involvement is being discussed.

(7) No, except for the Canadian Association for Parents of Children with Learning Difficulties, which meets each month.

(8) Yes. There are monthly meetings held with parents by the school psychologist.

(9) For two years parents of children with learning and emotional problems met regularly. Interest gradually slackened and the association is now moribund.

Item Nine - Is it your policy to keep an emotionally disturbed child in his regular class if it is possible to meet his needs there effectively by giving extra help to the child and his teacher?

Three districts did not answer this question but all the others gave a "yes" answer, although one district answered "Yes and no. This would depend on the circumstances in the area". Actually, many of the affirmative responses have little meaning since the majority of districts do not have the alternative of placing an emotionally disturbed child in a special class. One district emphasized this in its reply, "It is not our policy; it is the way we operate". Other replies were: (1) Yes. This is felt to be the ideal; (2) In this district, this is all that is normally possible; (3) Yes, it would be so; (4) Yes, alternatives are limited; (5) This would depend on the severity of the problem but if it were possible to meet the needs of the child in the classroom without interfering too much with the regular class routine then every effort should be exerted to contain the pupil in his regular class.

The above replies were from districts which do not have special classes for emotionally disturbed children. The following replies are from districts which do have such classes or equivalent facilities: (1) Yes, a child is taken out of his regular class only if he cannot be dealt with adequately within it. Further, as rehabilitation is partially accomplished, a child in a special class is gradually integrated again within the regular class; (2) No child is removed from his regular class unless it is impossible to meet his needs in that situation; (3) Yes, whenever possible this is done; (4) Yes, with qualified success.

One district, referring to its secondary schools, replied, "Yes, if the pupil can function in a classroom situation. Frequently the pupil is 'put up with' to the detriment of the school generally. In desperation the pupil may be dismissed".

While the answers to Item Nine seem to indicate a general desire to keep a child in his regular class if possible, it is difficult to interpret the significance of the replies in terms of the extent to which retaining an emotionally disturbed child in a regular class is a matter of considered policy or merely a lack of alternative provisions for dealing with him.

Item Ten - Would you remove an emotionally disturbed child from his own class to another regular class in the same school or to a class in another school if the Planning Committee considered this advisable?

The purpose of this question was to discover how far attempts were made, without recourse to special class placement, to place an emotionally disturbed child with a different teacher and in a different classroom environment when there were indications that this might be helpful to the child.

While all answers were in the affirmative, several replies indicated an awareness of the practical administrative difficulties involved in moving a child from one regular class to another either in the same or in a different school. While not always spelled out, these difficulties involve the feelings and attitudes of parents, teachers and principals as well as a careful evaluation of the child's needs.

Sample replies to Item Ten follow:

(1) Yes, if advised in writing by an authority.

(2) Yes. We would recommend this to parents before placement.

(3) This would be very fully considered for fear of adding to the child's existing fears and difficulties. If there were reasonable assurances that the transfer would be for an improvement it would be undertaken. It must be stressed that this would only be done after full study.

(4) There have been 3 or 4 instances where principal and teachers decided a particular child would function more effectively in the classroom of one teacher rather than in that of another.

(5) Many children are transferred to another class or another school on compassionate grounds.

(6) If space is available, it is reasonably convenient and the parents approve.

(7) If there was strong evidence that the architectural design of the school, or the presence of peers or siblings, or other causes, would make such a transfer desirable, the consultative committee would consider the feasibility of such a transfer.

Item Eleven - If an emotionally disturbed child remains in a regular class, what help is given him and his teacher by the special counsellor, the school psychologist, the school counsellor, or other specialized personnel, or by a child guidance or mental health clinic consultant?

Since large numbers of emotionally disturbed children are presently enrolled in regular classes in the schools of the province, Item Eleven was designed to discover what supportive help, in terms of specialized personnel, was available to the emotionally disturbed child and his teacher. No reply to this question was received from nine districts. The replies of those responding varied from "very little" and "no specialized services available" to fairly complete diagnostic and consultant services.

Typical of various replies to Item Eleven are the following:

(1) Unfortunately, we do not have the special personnel suggested in the question. Insofar as the school principal would be the school counsellor, assistance would be given. In the secondary situation, the school counsellor would assume the major responsibility.

(2) The only ones of the above whom we have are secondary school counsellors who are able to give limited help. Public health services give limited help.

(3) a) Our mental health clinic visits schools as organized by the special counsellor; b) The special counsellor confers with the teacher occasionally.

(4) a) Counselling by district counsellor; b) assistance by psychologist to establish a behavior-modification program.

(5) Special personnel, i.e. elementary supervisor, elementary counsellor, special teachers, etc. are available to the child through teacher-principal referral.

(6) The special services consultant makes an effort to provide the classroom teacher with: a) some background and appreciation as to why the child is behaving as he does; b) what consistent approach to adopt; and c) types of activities and teaching techniques that may prove successful.

(7) The special counsellor would: a) observe the child; b) interview the child; c) suggest ways and means of handling him; d) make referrals to other agencies; e) provide special materials.

The consultant would: a) suggest programs, materials.

The psychologist would: a) do necessary specialized testing; b) suggest methods of handling - advise teacher.

The child guidance clinic would: a) hold conferences on special problems; b) bring together all disciplines concerned with the youngster's problems.

(8) a) Special counsellor - The help given by the special counsellor to both teacher and child could be described as mainly supportive. In helping the teacher specifically, the special counsellor may be able to suggest specific techniques of management, point out specific strengths and weaknesses of student to the teacher, and recommend methods of motivating the child. In dealing with the child, the special counsellor maintains contact with the home regarding the child's progress in school and attempts to involve the parents actively in seeking additional help in modifying any situation outside the school which has contributed to the child's present state. In certain cases, the special counsellor working in conjunction with the principal, may call on such agencies as the Children's Aid Society for additional help. The special counsellor usually works with the student by doing group or individual counselling. He may in addition do some actual school work which helps the child to develop a relationship with the special counsellor.

b) The school psychologist - is mainly concerned with testing, diagnosis, and interpretation. On this basis, he may relate to the principal, teacher, special counsellor, and in some cases the parents. The school psychologist also contributes his abilities to a mental hygiene clinic.

c) In certain cases where educational remediation is required, the student may meet regularly on a one-to-one or small group basis with the remedial or learning-assistance teacher.

(9) An itinerant remedial teacher for children with emotional and behavior problems will work with this child individually or in a small group for approximately thirty minutes.

He will design a teaching technique which is suitable to the child's needs and which can be transferred to a regular class. When the student has absorbed the technique, has learned to work in a normally independent way, can relate to others and will be tolerated by peers, the involvement of the itinerant remedial teacher will gradually taper off. The regular teacher who has been made aware of what the itinerant remedial teacher has done, has transferred to her own classroom what can be adapted to her situation, and has access to the itinerant remedial teacher whenever she feels the need for further consultation.

Item Twelve - Do you use (a) paid teacher aides, (b) volunteer aides, to help the teacher of a regular class which has one or more emotionally disturbed children?

A possible way of giving help to a regular classroom teacher in meeting the needs of an emotionally disturbed child or children in a regular classroom is to provide the teacher with the services of a paid or unpaid teacher aide. Item Twelve was designed to discover the extent to this practice exists in British Columbia schools.

The replies of sixty-nine of the eighty-two school districts to Item Twelve was "no". A few districts gave answers of "sometimes", "occasionally" or "not as a general practice", but these statements are hard to interpret. Two urban districts reported that use was made of both paid and volunteer aides but not necessarily for help to emotionally disturbed children. One district indicated that, while it does not make use of teacher aides, these would be of value to help the teacher of a regular class who has the problem of dealing with one or more emotionally disturbed children. One district has an official called "a psychotherapist" who performs this function as part of her duties. Four districts report that the question of teacher aides is under discussion by the local teachers and the school board. One of these districts said it had used a paid tutor who was involved in therapeutic tutoring and that it had used a paid tutor in two instances at the expense of the parents. One urban district reported that it does not normally retain teacher aides for this specific purpose but that volunteer aides from child care classes, community recreation classes, future teachers' clubs, and future nurses' clubs are being used increasingly for a variety of tasks which may include some assistance to an emotionally disturbed child in a regular classroom. Two urban districts which do not use paid or unpaid teacher aides provide extra assistance for the emotionally disturbed child in the regular classroom through use of the services of an itinerant teacher who may take one or more disturbed children out of the regular classroom for an hour or more for special help. One district reported that in one instance an aide had been hired to assist in a specifically difficult situation.

It would appear then that, while a few districts use paid teacher aides, these have not been used specifically for the purpose of assisting the teacher who has an emotionally disturbed child in her class nor has any appreciable headway been made in using volunteer aides in this type of situation.

Item Thirteen - (a) What is your policy with regard to handling "crises" where a pupil becomes very disturbed or disturbing? (b) If the child is removed from his classroom, to what place in the school is he taken and who accompanies him? (c) Is he sometimes taken for a walk by a paid or volunteer aide or by a school staff member until the crisis is passed?

This question was designed to discover what practice is followed in dealing with an emotionally disturbed child in a classroom who becomes very disturbed or disturbing to such a degree that special action must be taken.

The replies to Item Thirteen indicate that most school districts have no specific policy as to what can be done when a child's behavior becomes intolerable to his teacher and classmates. In general, the matter is left to the discretion of the principal of the school. Very commonly, the services of the special counsellor are used if he is available. Several districts immediately call the parents and the child is taken or sent home for the day. In many cases, the child is taken or sent to the principal's office or the medical office or is banished to the corridor of the school. The child may be isolated in these experiences or he may have the support of a school official. Very occasionally, he may be taken for a walk if the vice-principal, school nurse, special counsellor, a remedial teacher, or an older child is available for this purpose. If a paid or unpaid teacher aide is available, he or she might help the child in one of the above ways when a crisis situation arises. In the case of a pupil in a special class the teacher may "talk it out" with the child and in the case of an emotionally disturbed child in a regular class this may be done by the special counsellor, school nurse, therapeutic tutor, itinerant teacher or the vice-principal. In only one reply was the suggestion made of the possibility of punishment by the principal. There appears to be a general realization that, while the disturbed child may need firmness, he also needs acceptance, understanding and help rather than punishment in the form of scolding or downgrading him in other ways. In the case of a severe crisis one urban district calls on the psychiatrist of the health services for immediate help.

Examples of the replies to Item Thirteen follow:

(1) No policy: principal's discretion.

(2) No policy is set. Each principal helps teacher and pupil as required. Sometimes the special counsellor is called in but he generally avoids dealing with the child directly but rather assists the school in dealing with the problem.

(3) I am afraid that very little has been done in regard to this aspect of the problem. Teachers sometimes require a pupil to leave the classroom and the usual procedure is to have the youngster remain in the corridor until such time as he can regain control of himself. I am afraid that 'being put in the hall' is considered a punishment rather than a method of assisting a child.

(4) Taken to a quiet area in the school by a staff member or taken for a walk.

(5) At present the parents are contacted, and the child is sent home for the day.

(6) There is no set policy. Most teachers would remove the child from the highly-charged situation. Some would send him to the principal for chastisement; others would take him to the counsellor's room for a calming-down period. One likes to think the second group is gaining strength.

(7) Our teachers are reminded that frequently it is desirable for an emotionally disturbed child to "take a break" from class. The remedial teacher, principal, vice-principal, or school librarian may, if they are free, assume responsibility for him during this time. A short walk in the halls or around the school grounds, or a visit to the gym, library or remedial room is the usual destination.

(8) In a crisis situation, the special counsellor may be called in to deal with the situation. Such a person is generally non-threatening, and provided that some relationship has been established previously, this appears to be an ideal approach. When a special counsellor cannot be reached, the principal or another teacher may be required to deal with the crisis. Approaches vary but may include taking the child for a walk. This would depend on the individual case. Some possibilities would be to seek the help of:

a) the special counsellor preferably; b) the public health nurse; c) the principal who usually has some place to put "crisis" pupils. If these "crises" are persistent to the extent that the pupil upsets the class continually, the principal may exclude him. In some cases, we will supply home instruction.

(9) An emotionally disturbed child who "blows his top" is handled firstly by the classroom teacher, secondly by the principal, or possibly by the special counsellor or public health nurse if either is in the school. In a "crisis situation" a pupil may be referred to the psychiatrist at the health unit for emergency service.

Item Fourteen - Do you have in your school system a special class or classes for emotionally disturbed children? If so, how many classes and how many children are there in each class? Are these at the primary, intermediate or secondary level?

Item Fourteen was designed to discover whether the school districts had a class designed specifically for emotionally disturbed children and, if so, whether these were organized at the primary, intermediate or secondary level.

Fifty-six of the eighty-two districts replied that they did not have special classes for emotionally disturbed pupils. However, there appear to be, in the school districts of the province, sixteen special classes which are considered to be specifically for emotionally disturbed children. In addition, there are thirty-five classes where the policy of the school district is to include emotionally disturbed children in special classes for children with a wide variety of learning and behavior disabilities. These are called special-learning-disabilities classes or sometimes remedial classes. Further, there appears to be many classes in the province for slow learners (educable retarded) which include some emotionally disturbed children whether diagnosed as retarded or not. Moreover, in a few districts which operate a special school for the trainable retarded, some autistic children are sent to this type of school. There are also a small number of districts which operate classes for the neurologically impaired where one might suspect that some hyperactive and distractible children are classed as having minimal brain dysfunction whether there is organic evidence for this or not. These may include children which other districts would call emotionally disturbed.

The great majority of the special classes which include emotionally disturbed children operate at the primary and intermediate level.

Item Fifteen - If you have a special class for emotionally disturbed children, on what basis are the pupils selected for such a class?

Item Fifteen was designed to identify the guiding principles and general methods used in determining whether or not a disturbed child should be placed in a special class. Sixty of the eighty-two districts regarded the question as not applicable. This does not necessarily mean that these districts fail to take specific steps to meet the needs of children who might be classed as emotionally disturbed. Indeed, one of the districts which answered "No", has a well-thought-out program for meeting the needs of such children other than by means of any type of special class.

Of the twenty-two districts which gave answers other than "no" or "not applicable", one stated, "Does not apply. Our district is against the sequestering of such children from their group for the purpose of forming a special category of children". Three districts (two urban and one suburban) meet the needs of emotionally disturbed children who need help beyond that which can be provided in a regular class by placing emotionally disturbed youngsters in a class for special learning disabilities which contains children with a variety of problems.

As will be seen from the examples given below, districts differ in the point at which psychiatric or other medical help is sought. This, in part, is determined by the nature of the district (urban or rural) and the degree to which specialized school and clinic personnel are available, and in part by the philosophy of the district as to whether the problem should be primarily regarded as an educational or a medical one. While this is not always spelled out, there would appear to be fairly general agreement that, so far as an emotionally disturbed child is concerned, he should not be placed in a special class without clinical assessment by a psychiatrist or psychologist. In general, the replies indicated that what should be done for an emotionally disturbed child depends on what would best meet his particular needs and on the degree of his emotional disturbance.

Samples of replies to Item Fifteen follow:

(1) On the basis of whether the child would make a better adjustment to the program and teacher of the special class than to the regular program and teacher.

(2) No, but learning-disorder classes serve similar purposes.

(3) The selection criteria vary with the degree of the disturbance. The more severe a child's aggressions or withdrawal tendencies are, the more detached from reality he is, and the greater his inability to maintain satisfactory personal relationships, the more likely he will gain admittance into our special class.

(4) If possible, an emotionally disturbed child is kept in the regular classroom. Two very disturbed children were in the special class last year. The assessment was made by the psychiatrist at the child guidance clinic. The psychologist assesses the child this year but the services of the child guidance clinic are still used if necessary.

(5) California definition is informally used. Medical and psychiatric advice sought; mutual decision of home and school considered.

(6) Pupils are referred by the principal to the special education department. No child is placed in the adjustment class without having been seen by the psychiatrist at the mental health clinic. The "make-up" of the class is also considered, so that the interaction within the class will not be detrimental to the progress and/or adjustment of the children.

(7) Children who exhibit behavior which is incompatible with a regular classroom setting despite remediation attempts, yet whose major disability is not mental or educational retardation.

(8) 1) teacher, 2) principal, 3) testing, 4) observation, 5) public health nurse, 6) district superintendent.

(9) 1) Preliminary non-clinical assessment conference including parents, local school staff, public health nurse, special counsellor, and any other relevant participants, for example, social welfare workers, probation officers, etc.; 2) Referral to travelling mental health clinical team.

(10) There are four criteria. Acceptable candidates must have: 1) a learning problem that may be associated with psychological difficulties. 2) a reasonable prospect of academic improvement. 3) intelligence judged to be within the normal range. 4) parents who are willing and able to be part of any program designed to help the child.

Item Sixteen - **What help does the special class teacher receive from various types of specialized school personnel or clinic personnel?**

The aim of this question was to find out the nature and extent of the supportive services available to the teacher of a special class for disturbed children.

Twenty-eight of the eighty-two districts gave specific answers to this item. This question obviously did not apply to those districts which do not have a class for the emotionally disturbed. However, one urban district which has a total of twenty-one classes for children with adjustment problems, gave as the answer to this item, "not applicable", whereas the teachers of these learning-disabilities classes undoubtedly do receive help from specialized personnel in the case of children with adjustment problems.

The following sample of replies from school districts which have special classes for the disturbed indicates the extent to which supportive services to the special class teachers are provided:

(1) Public health nurse - advice.

(2) She must depend on the resources and advice offered by the special services consultant.

(3) Counsellors discuss problems with teachers and make home visitations. Routine supervision.

(4) All our special class teachers receive assistance from the special counsellor, the primary and intermediate supervisors, the school superintendent, the welfare agencies that are involved in the original selection, and the mental health clinic where it is feasible.

(5) The special class teacher is invited to the intake meeting at the child guidance clinic. If the child has been placed on drugs the school nurse does the follow-up.

(6) Psychologist - behavior-shaping techniques. Supervisor of Pupil Personnel - Guidance and interpretation of clinical data and programming.

(7) Too little. In practice it works out, in order of priority, to consultation with: a) the principal; b) teachers of other special classes in the school; c) special counsellor and superintendency psychometrist; d) elementary supervisor; e) mental health centre personnel.

(8) The special class teacher may consult with the special counsellor, the supervisor of special education or the psychiatrist from the health unit, who visits the class on a regular basis. Consultations have also been held with private psychiatrists or clinical personnel who are working with individuals.

(9) The psychiatric social worker holds weekly group therapy meetings with parents throughout the year. Special education administrators hold regular bi-weekly meetings with the staff for the purpose of discussing the progress of pupils, the intake programme, supplies, teaching techniques, etc. Public health nurses attend meetings at which discussion of pupils takes place with respect to the pupils who live within their territory. They also act as a liaison with parents. Clinical personnel visit classes usually twice during each term. This visitation is followed by case conferences involving clinical personnel, the psychotherapist, the teachers and various other personnel within the special education department.

10) Every child entering the class does so on the basis of a recommendation from the mental hygiene team to the screening committee. In addition, members of the team may visit the classroom to observe a child or group of children with a view to making handling and therapeutic recommendations. The whole team, including the principal and teacher, meet monthly at a clinic conference on each child to determine progress and recommend courses of action for the future.

The special counsellor is always active. The principal helps and keeps in touch with parents. Psychiatric services from Metropolitan Health are available at all times and they meet school personnel once every month to check progress and make plans. The counselling coordinator is the liaison person with the school. He is available for consultation and he attends the monthly meetings.

Item Seventeen - (a) Do you have paid teacher aides in each special class for emotionally disturbed children? (b) If so, how much is paid for such service? (c) What background of education and training do such aides have? (d) Who selects these aides? (e) What are their duties?

This item sought to discover whether paid teacher aides were used to help teachers of special classes for emotionally disturbed children.

All the replies, except two, were in the negative. One urban district which includes emotionally disturbed children in special learning-disabilities classes gave the following reply, "Cannot answer. It depends on the situation. Aides are paid $2.00 an hour, are appointed by the school board on advice of supervisor of special education. The duties vary with each teacher".

One large urban district which has special classes for disturbed children (called special remedial classes) reported as follows: "Yes. Each special remedial (emotionally disturbed) class has two rooms available. The teacher's aide may work with individuals or groups in activities involving art, manual arts, remedial, and socializing processes. She, of course, works cooperatively with and under the direction of the teacher. The teacher aide is a paid worker. Primarily she should be an understanding person who relates well to children. The aide should have such skills as crafts, art, games, etc. When the pressure of academic work becomes too great the child should be able to go to the aide and carry on some other activity. Selection of aides is made by the labor relations officer in consultation with the supervisor of special education and the elementary department. Aides are paid $303.00 per month".

Another urban district which does make use of teacher aides in regular classes replied, "We have no teacher aides specifically for the emotionally disturbed classes".

Item Eighteen - (a) Do you have volunteer aides for each special class for emotionally disturbed children? (b) Who selects and supervises these aides? (c) What qualifications of personality and background should such an aide possess?

All but one district answered "no" to this question. The urban district which replied stated: "Some use is made of volunteer aides in the heterogeneous special classes. Adult aides are trained in a course sponsored by the Canadian Mental Health Association. Also, secondary special class pupils are used as volunteer aides in elementary special classes".

It is of interest that the above reply mentioned the use of secondary special class pupils as volunteer aides in elementary special classes. In a visit to a special class for emotionally disturbed children, the director of this study noted two instances where elementary school pupils gave special help to disturbed youngsters. In the one case, a grade-seven girl came into the special class from time to time to help a twelve-year-old girl. In the other case, a boy from a regular class came at recess to call for a nine-year-old disturbed boy to take him out to play.

The use of volunteer aides (both adults and older children) seems to be growing in Canada and is discussed on page 142 and on pages 218-219.

Item Nineteen - (a) What name do you use for your special class for emotionally disturbed children? (b) Is the name satisfactory? If not, what name do you suggest? (c) Do members of the school staff or pupils use informal names for the class? (d) If so, what are these?

This item was designed to discover what name was used for special classes for disturbed children and what name, in the light of experience, the district superintendent might consider more advisable. The question also aimed at finding out how the members of the teaching staff and the pupils of the school designated these special classes.

There are really four problems. One problem is the danger of labelling per se in that attaching a label to a child often limits the sort of administrative and teaching services made available to him whereas in actuality many children are multiply handicapped and those who teach them must be open to the use of a wide variety of methods. Certainly, labelling a child may obscure his individual needs. On the other hand, all available diagnostic information must be used by teaching and supportive personnel if they are to make their maximum contribution to the child's development.

A third problem arises in connection with the special class child's own self-concept either arising from his feelings about being in a special class or from the fact that he feels downgraded as a person by the staff and the other pupils of the school or by his parents. However, the problem is not by any means avoided by leaving an emotionally disturbed or other handicapped child in his regular class as he may feel acutely rejected, different or downgraded in such a situation.

Twenty-two of the eighty-two school districts replied to Item Nineteen. Three large districts which have the policy of having a variety of children with different learning and behavior disabilities in one class refer to such classes as either special classes or learning-disorder or learning-assistance classes. One large urban district which does have special classes for emotionally disturbed children calls them "special remedial classes" while another large district uses the term "E classes" for classes for the emotionally disturbed. Four districts designate their classes for emotionally disturbed children as "adjustment classes" and one other uses the direct term "special class for emotionally disturbed children". Two districts designate the class by the teacher's name.

Examples of replies to Item Nineteen are:

(1) Special Class - should be an "adjustment class". Pupils refer to these children as retarded. Staff, no comment.

(2) Not applicable. I do not think a name is necessary for any special class because this merely points up to the world that there is a difference and a difficulty and tends to put a label upon the children. I think the usual designation of division X or Mr. Y's class is sufficient.

(3) a) "Special Class for Emotionally Disturbed School Children", b) Yes, c) No suggestion, d) Yes, e) Most commonly used name by pupils, staff and parents, is "Mrs. Smith's room". It is also referred to as "The Special Class", even though two other special classes are housed in the school. Derogatory terminology has been remarkable for its absence.

(4) "Moderately Emotionally Disturbed" -- possibly might better be named as a "class for the maladjusted child".

(5) To identify these classes for administrative purposes outside the school in which they are located, the term "adjustment classes" is used. Within the school any special distinguishing label for these classes is avoided.

(6) Behavior problem children.

(7) Special remedial classes. The name is probably inappropriate. Some exception has been taken to the word "special" because of its connotation. We would recommend "learning-assistance" class.

(8) "E" class. This term used within the school system. However, there is no attempt to disguise the function of the class when talking to parents or the public.

Item Twenty - (a) In what ways does a special classroom for emotionally disturbed children differ from a regular classroom with respect to physical facilities?

(b) Do you reduce the stimuli present in the classroom? If so, how?

(c) Do you have cubicles or carrels for use of pupils when required? Are these permanent or temporary fixtures in the classroom?

All but twenty of the eighty-two school districts replied that this question was not applicable to their district. Of those who described their special classrooms, several indicated that their classroom for disturbed children was of the same size as a regular classroom and one a larger classroom for its class or classes for the emotionally disturbed. Some replies stressed the fact that although the classroom for their special class was of regulation size each pupil, due to the small number in each class, had more available space. One large urban district which has three special classes for emotionally disturbed children has two rooms for each class, one being an activity room and one a classroom.

So far as reduction of stimuli in the classroom is concerned practice varies. In some classes, stimuli including noise, are reduced as a general policy. Others indicate this is the case when needed. Several districts do not reduce stimuli in the classrooms of emotionally disturbed children.

Twelve districts make use of temporary carrels to which pupils may withdraw for study or when temporarily upset. Two districts have carrels as permanent fixtures in their classroom. One district uses movable partitions to help children withdraw from the group when necessary. Two districts do not use carrels.

Samples of replies to Item Twenty follow:

(1) Re: learning-disorder classes. Regulation amount of space and variety of materials and equipment including temporary carrels.

(2) The classroom is larger. "Quiet" and neutral colors were used in the painting of the room. The amount of stimuli is controlled by the teacher in terms of how much she may feel she can "safely" decorate the room. It is planned to

curtain the windows. Carrels, at this point, have not been felt necessary. If they are acquired they will be temporary fixtures.

(3) Little difference from regular class - except that aggravating stimuli -- decorations and noise -- are removed. Class is small (5 or 6), each child has lots of room -- no carrels.

(4) This classroom is smaller than regulation size, but everything else about the room is the same. However, each child is on an individual program.

(5) a) Increased area for each pupil (standard classroom for eight pupils). Wet area (sink and counter). Individual listening post. Craft materials; b) Yes, within reasonable limits; c) Segregated seating. Use of specific visual stimuli with short exposure. Use of listening post (single modality input); d) No; e) Have used temporary (cardboard cartons) erections with some success.

(6) a) Special classrooms for emotionally disturbed children are physically exactly the same as for a regular class. The only difference is the number of pupils within the classroom - six for our special class. There is also more equipment; b) The teachers do not try to avoid interesting stimuli around the classroom; c) Movable partitions are used for those pupils who are readily distracted by other students in the classroom.

(7) Each special remedial class has two rooms with a teacher and an aide. One room could be considered a semi-formal learning area, the other a learning activity room. In the activity room there is no effort generally to reduce visual stimuli, and activities of various sorts, including artistic, are encouraged. Visual stimuli tend to be represented by the best work of a student in art or manual arts. In the semi-formal teaching area, visual stimuli are reduced by plain colors, with few or no displays. Study carrels are used for individual work.

(8) Learning-difficulties classroom is organized into "areas of interest" - reading corner, listening corner, motor development area, etc. Desks are movable tables. The stimuli are not reduced in terms of the physical presence, however, the teacher is very structured in her programme and this gives the children the organization and control they seem to need. Two of the "areas of interest" are set off as group cubicles.

In other special classes a limited use is made of carrels. Some are permanent and some are collapsible. Generally greater use is made of movable desks and tables.

(9) a) Very flexible for seating arrangements; b) No; c) Located in each classroom is a cubicle which partially isolates the child. We have plans for a specially designed classroom for "E" classes but to date this has not been possible. We propose the use of specially designed portables located on the school grounds but detached from the main school.

(10) The room preferred by the itinerant remedial teacher has the teacher's desk in the centre, the students in carrels along the walls but looking towards the teacher. The teacher does not move. Students come to him when they need his assistance.

Item Twenty-One - (a) What general approach to teaching methods is used for the teaching of emotionally disturbed pupils? Are these methods based on the child's background and the conflicts as revealed by the diagnosis, or on the reinforcement and conditioning theory, or the interpersonal relationship theory or self-concept theory?

(b) How far is the class "structured"?

Item Twenty-One attempted to find out what types of approach to the teaching of emotionally disturbed children were used in British Columbia and the degree to which the program of the class was structured (strictly planned), flexible, or permissive in character.

Thirty-six of the eighty-two districts gave specific answers to this question. The majority of these replies indicate that a variety of methods are used, taking into consideration the child's backgrounds and needs. However, the replies indicate that, according to the philosophy of superintendent, principal and teacher, more emphasis is sometimes placed on one theory than on the others. For example, emphasis in one district seems to favor the interpersonal relationship or self-concept theory (see pages 220-221 for discussion), while in another the method emphasized may be that of reinforcement and/or operant conditioning (see page 224 for discussion). In one district, the school psychologist is carrying out a program of operant conditioning with one class. In another district one of the two classes for the emotionally disturbed is based in general on the reinforcement and conditioning theory and in the other on the interpersonal and self-concept theory. Seventeen districts commented on the (b) part of Item Twenty-One. While there is a range in the degree to which the class program is definitely structured, the general trend of the districts reporting is towards a moderate degree of structuring (programming). Several districts reported that their class is definitely structured in the morning and relatively flexible in the afternoon. Two large districts report that their classes are, to a considerable degree, unstructured. In one district which has two classes for emotionally disturbed children, the primary class is much less structured than the intermediate one. The degree of structuring in special classes for disturbed children is considerably influenced by the objective of helping these children to return to regular classes. If they are to do so they must, from a practical standpoint, be able to fit into the curriculum of the regular class. As a result the teacher of the special class often feels it necessary to have a less flexible program in her classroom than she would otherwise like to have.

Samples of the variety of points of view of districts answering Item Twenty-One are given below:

(1) a) Because the teaching of emotionally disturbed pupils is done within the regular classroom the methods applied to the deviate are not marked in nature. In general, these children receive more encouragement and demands upon them are fewer and less exacting. There is a distinct effort made to avoid arousing disturbances by being careful to step around stimuli that might provoke outbreak; b) We expect class instruction to be planned and to be directed toward predetermined goals.

(2) a) General approach is that of multi-sensory learning. Methods are based primarily on self-concept theory with utilization of interpersonal relationship theory and conditioning; b) There is considerable structure in terms of curriculum organization but within each subject the child has freedom to choose.

(3) In learning-disorder classes there is a clearly structured situation promoting achievement in school work using a combination of instructional devices and behavior modification procedures suitable for the teacher and pupils. The structure is designed to support the pupil by establishing an understood order.

(4) a) Our "professional" psychological and psychiatric diagnostic facilities are extremely limited. We do not have local access to these. However, our general teaching approach is one geared towards a) meeting needs, and b) teaching skills. Reinforcement and conditioning theory is probably the most prevalent; b) While, in my opinion, the class is not highly structured, it is more structured than one would find in the regular class.

(5) Although this question is not applicable now, if and when it is, we believe no single, general approach is feasible. Rhodes, in the preface to Educational Therapy, Vol. 1 (Special Child Publications, Seattle) points out the need for a variety of disciplines, models and methods in working with disturbed children.

(6) Operant conditioning is being carried out by the school psychologist. Twelve children are on this program.

(7) a) Emphasis is placed upon developing an improved self-concept. Individual help is given to encourage raising achievement level closer to ability level; b) Morning highly structured, afternoon less so.

(8) The program in the classroom varies according to the individual teacher. The primary classroom is pretty well "structured" based on the reinforcement and conditioning theory; the intermediate class is based on the interpersonal relationship theory and self-concept theory. Actually, both methods are based on the child's background and his specific problem as revealed by the diagnosis.

(9) a) Individualized study programmes notably in reading. I do not know that the three alternatives proposed in this question are mutually exclusive. In lieu of this, the best description I can make is to say that the teaching method is based mainly on the principles of operant conditioning. While this is the technique used in the classroom, the technique used by the psychiatric social worker in dealing with the parents ensures that the total treatment gives cognizance to the need to deal also with factors contributing to the emotional disturbance of the child; b) In a rigid sense, very little.

(10) a) An eclectic method is used, taking into consideration the child's background and needs. Each of the methods is used where appropriate with the exception of the rigid application of the reinforcement and conditioning theory, which finds limited use in the classroom. However, positive reinforcement is used. The activity room is on occasion used as a reward for accomplishment; b) The class is relatively unstructured and varies according to individual and group needs. Some students may be working in a small group in the activity room or semi-formal

classroom, while other individuals may be working at carrels.

(11) a) Much individualized instruction; frequent changes of pace and activity as well as "break" periods; flexible structuring of the program; we are not wedded to any particular theory; b) There is recognition of the need for both structure and flexibility. The teacher tries to adjust according to the needs of the individual.

(12) (A district which does not have a special class but which uses a special class teacher or itinerant remedial teacher to help disturbed children who are taken out at intervals from regular class.) a) We try to develop a picture of the child's needs and the priorities among these needs. The educational therapy would attempt to satisfy these needs without transgressing into psychoanalysis, family therapy, community re-development, etc. Recognition is given for tasks performed, but we are not operant conditioners. We attempt to increase competence in any area in which the child is deficient and give appropriate rewards for progress made. We never foster a dependent attitude of the child on the itinerant remedial teacher, but promote self-sufficiency, autonomy and independence. We attempt to improve intellectual functioning, perception, body image, concept formation, receptive and expressive language, ego control, motivation, social competence, effective style of learning. We confront the student with progress made and under-emphasize errors, mistakes, deficits, thus improving self-concept. We hold out realistic, clearly enunciated, pertinent expectations and encourage the parents, teachers and others to do the same; b) As far as necessary to accomplish a).

Item Twenty-Two - Who selects special class teachers for the emotionally disturbed?

All but thirty-two of the eighty-two districts replying indicated that the above question was not applicable to their situation. Six districts used the formal answer, "District Superintendent of Schools". Fourteen districts indicated that the superintendent of schools makes the selection after conferring with the supervisor of special education and/or various other specialized school personnel such as the special counsellor, special services consultant, the director of elementary instruction or the school psychologist. One answer from an urban district was "The supervisor of special education, through the assistant-superintendent of schools". One district's answer was "Director of Elementary Instruction". One large urban district stated that the selection of teachers was made by the director of elementary education after consultation with the supervisor of special education. In another large urban district, the selection of teachers was made by the coordinator of special education in consultation with the supervisor of special classes and the school psychologist.

Item Twenty-Three - What type and degree of training is required of special class teachers?

This item was designed to discover the nature of the training and experience as well as the personal qualities which were sought for by school districts in choosing teachers for emotionally disturbed children and also what weight was given to each of these factors. In addition, it was hoped that some information would be obtained as to the success of the school districts in securing the services of teachers with the desired qualifications.

All but thirty-three of the eighty-two districts replied that this item was not applicable to their situation.

The answers of those districts which replied to Item Twenty-Three varied from: "You take anyone you can get", "No special training has been required for our special class teachers", and "We obtain the most suitable person who can be found", to "Most special class teachers in this district have a degree in special education or are close to it". Some districts put emphasis on teaching experience especially in the elementary grades; others do not. Some districts do not mention personal qualities whereas one urban district gives these top priority and puts knowledge of specific programs for emotionally disturbed children in last place in a list of qualifications.

Samples of other replies to this item follow:

(1) The unavailability of well-trained personnel makes it necessary to engage any teacher with successful experience in this area or a particular interest in working in this area. There seems to be none available with special training and experience.

(2) Required: Teacher training - Desired: Experience in elementary education; proved ability to deal with deviant children; special education training; personal and "professional" maturity; and awareness of and willingness to deal with exceptional children.

(3) This depends upon the availability of teachers and the special class concerned. For the emotionally disturbed we look for: elementary teaching certificate; successful teaching experience; special training and/or previous successful experience in the field of the emotionally disturbed.

(4) Preferably with someone qualified in special education, especially in the education of emotionally disturbed children. Since 1965 we have had one well qualified teacher with the intermediate class. With the primary class we have had three teachers during that time. These teachers have had no special training, but basically they have been good primary teachers.

(5) There are so few teachers making this their specialty that the supply does not meet the demand. We would prefer to have special class teachers who have had specialized training in this field but we would place more importance upon the personality of the teacher than upon the degree of such training that they have had.

(6) At present teachers must have a minimum of an elementary teaching certificate and where possible additional academic qualifications. In addition to having demonstrated teaching ability, such a teacher must have an understanding approach to the children and their problems. One should not under-rate the in-service aspects of auxiliary services and monthly case conferences for such teachers. It is noteworthy, however, that our present teachers all have training beyond that stated above.

Item Twenty-Four - Does the teacher of a special class for the emotionally disturbed receive extra remuneration? If so, how much?

Twenty-one of the eighty-two districts replied to this question. All of these either had special classes for emotionall disturbed children or other special classes in which some emotionally disturbed children were enrolled. Thirteen of these districts stated that they did not pay their special class teachers extra remuneration. Eight stated that they did so. This remuneration varied from 150 dollars extra in one large urban district to a scale of $172 to $516 for another large, urban district. Three districts paid an extra $250, two paid an extra $300 and one an extra $200. The mode of extra remuneration was $250.

Item Twenty-Five - If you have special provision for emotionally disturbed children whether in regular or special classes, who supervises this work?

Twenty-seven of the eighty-two districts either did not reply to this question or stated it was not applicable to their situation.

Of the districts that did reply two said, "the teacher for emotionally disturbed children". Three districts said the principal undertook this responsibility. Fifteen districts replied that the principal together with other school personnel performed this function. In two cases this was the teacher and principal; in three it was the principal and the special counsellor; in one the principal and the supervisor of elementary education and in two the principal and school psychologist. In seven districts supervision was listed as the sole responsibility of the supervisor of special education or coordinator of special services while, in several other districts, this supervisor was one of a team who supervised special classes. In eight districts (mostly rural) the director of elementary instruction either alone or with other school personnel supervised the special provisions for emotionally disturbed children whether in regular or special classes. In one large urban district the reply was, "No one supervises: consultation is available on request". One urban district which has three special classes for emotionally disturbed children replied to Item Twenty-Five as follows: "In special classes, the principal, supervisor of special education, and in an advisory capacity the counselling coordinator. In regular classes which maintain a disturbed child, the supervisory personnel include the principal, and on a consultative basis, the special counsellor".

Item Twenty-Six - Is the compatability of individual children taken into account in placing them in a special class, e.g., two highly aggressive youngsters in one class may create an impossible situation for the teacher?

Experience has indicated that, in selecting pupils for a class for the emotionally disturbed, it is often necessary to decide which pupils can be helped or damaged by being in the same class with each other. Item Twenty-Six was an attempt to discover whether or not this practice was observed in special classes for the emotionally disturbed in British Columbia.

Thirty-six districts said that this item was not applicable to their situation. A number of districts which replied affirmatively to the question apparently applied the principle to emotionally disturbed children enrolled in a regular class. In all, thirty-eight districts gave a "yes" answer to this question, though some qualified their answer by such statements as "Yes, within the realm of possibility in a district having many small schools"; "Yes, wherever possible. This also applies in a regular class situation", "Not in initial placement. Adjustments may eventually prove necessary"; "Yes, the ideal we have tried to attain is to include withdrawn children in numbers equivalent to those of aggressive children in order to act as a counter-balance". One large urban district replied, "This is taken into account but limited facilities make it difficult. We do try to accommodate to this feature by having highly aggressive children attend different portions of the school day". One urban district which answered "yes" to this question was queried as to what would be done if two highly aggressive children were both recommended for the same class. The answer was "take one of them and make as good provision as possible for the other, through a regular class or otherwise, until more adequate placement was available".

Item Twenty-Seven - Since authorities usually claim that the number of emotionally disturbed pupils in a special class may vary from four to ten or twelve pupils, who determines the size of a particular special class for the emotionally disturbed in a school?

Only twenty-one of the eighty-two districts gave definite answers to this question. In the smaller and the rural districts the answer to Item Twenty-Seven was "the district superintendent". In some other districts, the practice is for the decision to be made by the district superintendent with the assistance of a special counsellor, a supervisor, or principal. In larger and urban districts the decision is more likely to be made by the supervisor of pupil personnel services, the special services consultant or the supervisor of special classes, sometimes in cooperation with the school psychologist.

Only six districts designated the number of pupils in their classes for emotionally disturbed children. Two indicated that their classes had six pupils, three said eight pupils and one district said the limit was ten pupils. In the latter (a large urban district) the directors of this study, on the occasion of their visit found seven, six and six children enrolled in the three special classes for the emotionally disturbed.

Examples of replies to Item Twenty-Seven follow:

(1) Six is desirable; we still move to a maximum of 10 in the year.

(2) The special services consultant in consultation with the principal and teacher. Teacher and school resources are taken into consideration as well as the ages and degrees of compatibility of individual children.

(3) Our maximum is considered to be eight. The staff is a part of a team which decides on admissions. The timing for the admission of each pupil is also determined by this group. For example, two aggressive children are not brought in simultaneously.

(4) The number of children in each class may vary from time to time but never exceeding ten in number. This is done by the "team" at the monthly conferences at each school.

Item Twenty-Eight - (a) What proportion of your pupils in a special class for emotionally disturbed pupils do you aim to return to a regular class? (b) What proportion actually do return?

Practically all districts which have special classes for the emotionally disturbed or special learning disabilities classes have as their objective the return of these pupils to a regular class. The extent to which this is achieved is shown in the following examples of the answers of the twenty-three districts which dealt with this item of the questionnaire:

(1) a) 100%; b) Return after one year 40% plus; in two years up to 80% plus; in three years 95% plus.

(2) Because our class is essentially a new venture we have no statistics available on this matter. Ideally, we would hope all could return.

(3) a) All of them; b) about 50%.

(4) About 40% of all special class pupils (learning-disabilities classes) are returned to regular class over a period of time.

(5) Our aim is 100%. It is obligatory for all of them to be returned when they reach the maximum age which justifies their continued attendance in the present classes, even though they may not be fully rehabilitated. Our aim is constantly to reduce the period of tenure in these classes. Increasingly, our belief is that if a child does not respond to our treatment in one year, or at most within two years, the pupil obviously needs more specialized treatment. We are striving to reserve these classes for children whose treatment will be relatively short, so that there will be a quick turn-over in the pupil personnel within each class. We do not approve of allowing the classes to become merely expedient places for the confinement of pupils.

(6) Ideally, we would hope to return all students to a regular classroom situation. Most children are integrated into the regular classes gradually, perhaps in one subject at a time. Most are fully integrated in time, seldom in more than two years.

Item Twenty-Nine - Is an emotionally disturbed child's regular teacher encouraged to keep track of him after the child has been transferred to a special class?

In some school systems in other parts of Canada, there is a policy of encouraging regular teachers whose pupils have been transferred to a special class for emotionally disturbed pupils to continue to take an interest in their pupils and to follow their progress. Item Twenty-Nine was designed to discover how far this was the practice in British Columbia.

Of the school districts which dealt with this item, seven answered "no" and eight answered "yes". Two districts gave qualified answers (see #3 and #6 below). The following are samples of answers other than a "yes" or "no" answer:

(1) We have not found it necessary - our job is usually to keep up with their questions. Teacher turnover militates against continuing interest on a long-term basis.

(2) The regular teacher is encouraged to keep track of him but sometimes the antagonistic feeling that develops between a pupil and teacher in the regular class is not conducive to prolonging the relationship.

(3) Not necessarily. Some principals have visited the special class for disturbed children, on the basis that they were personally interested.

(4) In some cases there is continuing close contact. Substitutes are provided in some instances to permit the regular teacher to visit the special class (learning-disabilities class which includes emotionally disturbed children).

(5) Yes, but when a student leaves for another classroom in another school, a conference is arranged between the sending and receiving schools' special counsellors, principals, and the receiving teacher. In many cases other members of the mental hygiene team are involved in interpretation and follow-up.

(6) This is very difficult since the "E" classes are regional and the children are not in the neighbourhood school.

(7) The aim is complete rehabilitation. Last year five of six children in one class were returned to regular classes. In the other class one of eight was returned.

Item Thirty - If a child is placed in a special class located in other than his regular school, what special provision is made for his transportation? Who pays for this? Is there a Department of Education grant which wholly or partly covers this expense?

With regard to the transportation of pupils the Rules of the Council of Public Instruction of British Columbia provide that school districts may receive an assistance grant of $1.00 per pupil per day for the transportation of pupils in grades one, two and three who live 2½ or more miles from the school and for grades four to thirteen pupils who live three or more miles from the school. There is no special provision for the transportation of special class pupils as such. The result of the lack of provision of assistance for transportation of special class pupils has led to a variety of practices in the school districts of the province which have special classes.

In many districts special class pupils travel by the regular school busses though one district reported that they could do so "only if there was room in the bus". Two city districts provide bus tokens for special class children and another city does so if the parents are unable to provide transportation. One large urban area reported that parents are responsible for providing transportation. In another urban area the school board provides transportation for any pupil who is unable to travel to a special class for reason of physical, emotional or intellectual disabilities. In one large suburban district a small bus has been specifically designed for transporting emotionally disturbed children to their special class. This is because the regular school busses traverse the entire municipality. The added expense of this smaller bus is borne by the school board.

There would seem to be a need for clarification of regulations governing the transportation of special class children and this matter is discussed on page 242.

Item Thirty-One - If a child requires clinic treatment while in a special class, what steps are taken to ensure that the school principal, the special counsellor, the special class teacher, the school psychologist, the supervisor of special education or other appropriate school personnel are full and active partners with the clinic personnel in the total treatment of the child?

Thirty-seven of the eighty-two school districts answered this question, indicating various degrees of liaison between school personnel and clinic personnel. In some rural districts, the school may receive reports and recommendations of the clinic by letter or telephone. In other rural districts, liaison with clinical personnel is maintained by the principal or school nurse. In larger districts this may be done by the school counsellor, the special counsellor or the coordinator or supervisor of special services. A practice used particularly in the larger centres is to hold a case conference in which the findings of both the educational and clinical personnel are discussed. The educational personnel of such a conference are likely to include the principal, the teacher and the specialized personnel mentioned in Item Thirty-One above. However, a study of the answers to this item would seem to indicate that this full partnership of school and clinic personnel, while evidently achieved in some districts, is not as common as many educators would desire. It is, of course, more likely to occur in districts where the services of specialized school personnel are available and where they have participated in the earlier stages of the identification and investigation of the child's problem.

While the role of the classroom teacher in decisions regarding educational provisions for an emotionally disturbed child is mentioned by some districts in their replies to this item, the key role of the classroom teacher in the continuing treatment (even the clinic treatment) of an emotionally disturbed child does not appear to be stressed.

Examples of replies to Item Thirty-One follow:

(1) The school principal and teacher are the sole agents concerned.

(2) This is a continuous problem. However, the public health nurse is the usual contact; reports are also submitted by the clinic to the district superintendent's office.

(3) Special counsellor maintains liaison.

(4) Coordinator of special services.

(5) Many steps are taken to ensure being involved but not as full and active partners.

(6) School personnel are willing - there is some reluctance by other disciplines.

(7) The personnel dealing with the child are invited to the meetings of the child guidance clinic. Many helpful suggestions have come from the discussion at these meetings.

(8) Reports of various personnel are gathered by family doctor and the school nurse or a social worker and submitted to clinic concerned. Because of a liaison established by the special counsellor with these agencies the principal, and other educators become full and active partners and are directed accordingly in the interest of the child.

(9) There is a close liaison with the clinic. Psychologist, social worker and psychiatric nurse may consult with teacher. The teacher attends clinic conferences.

(10) We have had no difficulties in this respect, especially since the decision to refer a case to the clinic is in the first instance a decision which is reached collectively by all these various personnel. Since they are so completely involved in this referral procedure, and since this is so obvious to the clinical personnel, there have been no feelings by non-clinical personnel that they are not "full and active partners" with the clinic personnel in the total treatment of the child.

The same feeling is not always experienced, however, in respect to the referral to the clinic of some pupils in regular classes, where the necessary non-clinical involvement has not been attained prior to the referral. The question posed shows great insight into some of the possible "hang-ups" on this matter.

Item Thirty-Two - In the event of the child being treated in a clinic while attending classes in the school, do clinic personnel come to the school to observe the procedures in regular and special classes and to study the emotionally disturbed child in his school setting?

This item in the questionnaire aimed to discover how far the recommendations of clinic personnel were based on a first-hand knowledge of the school procedures in regular and special classes and also on observation of the child being studied in his school class.

Sixty-two of the eighty-two school districts answered "no" to this question or did not give an answer. The replies of the remaining districts varied from a simple "yes" to "only to a limited extent", and "on occasion", to a handful of cases where clinic personnel do attempt to observe the emotionally disturbed child in his school setting.

Examples of replies (other than "yes" and "no" replies) to Item Thirty-Two follow:

(1) This has happened on the odd occasion with the mental health clinic. It has been done with respect to the visiting psychologist.

(2) No. They request a report from special counsellor.

(3) Sometimes, the clinic personnel will come to the school to observe the child in his school setting, but generally they haven't sufficient time for this.

(4) Our district clinical personnel visit the schools regularly. Conferences involving "out of our district" clinical personnel have, upon occasion, visited our classes. However, in the majority of cases these have been processed in a clinical setting.

(5) Yes. Psychiatric nurse visits schools regularly. (urban district with many learning-disabilities classes.)

(6) Our experience has been that clinical personnel come to the school to observe the procedure being followed in the special classes for emotionally disturbed children, but

certainly do not do so similarly for pupils in regular class settings. It is understandable that time would preclude this refinement of their procedure.

(7) They may study the child and family in a setting apart from the school and observe the child in the school setting.

Item Thirty-Three - Is adequate provision made for evaluation at regular intervals of the services provided for emotionally disturbed children in a regular or special class in your district? Is this on a research basis or by subjective evaluation? Who makes such evaluations?

Thirty-nine of the eighty-two districts answered "no" or gave no reply to this item. One urban system replied, "No objective answer possible". Only five districts claimed that their evaluation was at least partly on a research basis, and of these only two were large urban districts. One was from a rural area and the other two were small city areas. In one of the latter, the school has the services for one day a week of the clinic psychologist who is located in the same city. With the remaining districts, subjective evaluations were made at regular intervals by a variety of school personnel singly or in combination. These personnel included the district superintendent of schools, principal, teacher, special counsellor, coordinator of special services, elementary supervisor, special services consultant, supervisor of special education, and school psychologist.

A sampling of replies to Item Thirty-Three follows:

(1) Superintendent, supervisors, special counsellor and principal make subjective evaluations at intervals.

(2) This is on a research basis, done by the psychologist and the supervisor of pupil personnel services.

(3) No. Adequate provision is not made for evaluation of the services for emotionally disturbed children because of lack of time, money and personnel. Any evaluation made is not on a research basis, but rather by subjective evaluation. Evaluation is based on the number of children that return and stay in regular class, which psychologically is not a sound basis of evaluation.

(4) This is one of the great deficiencies in our programme. Whatever evaluation is accomplished is performed only by subjective evaluation, certainly not on a research basis. The evaluation we do attempt is undertaken mainly by our

psychotherapist, who is principally responsible for the follow-up contact that is maintained with pupils who return to regular classes from our special classes for emotionally disturbed children.

(5) Yes. Educational achievement is measured objectively but changes in the emotional characteristics of the child are of necessity somewhat subjective. Evaluations are made by the teacher, special counsellor, teacher aide, principal, and other members of the mental health team.

(6) In the elementary school an annual review is made of the services provided each child in need of special education, and at the same time, the district policy with respect to special education is reviewed. The study is based upon research and subjective evaluation. The evaluation of the system as a whole is broken down by the district superintendent, meeting with district staff with a particular research being done by the special counsellor. In secondary schools this is not the case, but subjective evaluation is made at intervals by the school counsellors.

(7) Once a year, as a part of an evaluation of all special education services, an evaluation is made on combined objective/subjective basis by the supervisor of special education.

Item Thirty-Four - When a child who has been in a special class is returned to a regular class, what provision is made for follow-up work and special help in the child's readjustment?

This item was designed to ascertain the extent and nature of follow-up services when a child who has been in a special class is returned to a regular class.

Forty-four out of the eighty-two districts either did not reply to this item or said it was not applicable to their situation. In the remaining districts, various members of the specialized school staff do the follow-up. In this the role of the special counsellor is mentioned most frequently. Other personnel involved are the principals, the teachers, the learning consultant, the school psychologist and the school social worker.

Examples of those who have a considered policy with respect to following up the transfer of a special class pupil to a regular class are given below:

(1) a) transfer is, initially at least, effected within the school housing the special class; b) transfer is on an experimental basis initially, following consultation with parents and receiving teacher(s); c) transfer is effected on the understanding that: - the pupil may return to special class at any time for any period (subject to abuse of the privilege), - the receiving teacher may advise the pupil to return to the special class at any time and for any period, e.g. "until you feel ready to come back"; d) transfer is considered final only after the pupil gives sufficient evidence of his ability to handle satisfactorily all the stresses of the regular classroom; e) follow-up assessments by staff, weekly (or more often) at first, gradually diminishing as circumstances warrant.

(2) Receiving teacher and principal are made aware of history of pupil, suggestions are made as to what the needs of the individual are and conferences are held between the special-class and receiving teachers.

(3) The special counsellor is the key person who does the follow-up on the child's tranferring to regular class.

(4) Children transferring from a special class to a regular class are generally phased out of the special class, i.e. they begin by spending periods of time in a regular class, increasing this until they are in the regular class full time. After the child has spent a period of full attendance in a regular class in the school housing the special class, he is transferred to a regular class in his original school. Every effort is made to make this final transfer a smooth one and whenever possible, the receiving teacher is acquainted with the child's problems and how they were and could be handled.

(5) Initially, the child who has been in a special class is gradually integrated into a regular class within the same school. This facilitates an intimate and immediate follow-up. Subsequently, on the child's return to regular class, the psychotherapist makes a special point of visiting each school at least once per month to conduct the follow-up and to provide special help in the child's readjustment. Additionally, where needed, a special counsellor is also in a position through regular school visitations to become aware of any serious developments which need to be brought to the attention of the psychotherapist. We have endeavored to maintain good records to indicate the extent to which our prognosis of a child's rehabilitation following discharge from a special class has actually been fulfilled.

6) The principal and teacher are requested to keep the special educational services division informed of the child's progress. The supervisor and the school social worker follow-up these cases.

Item Thirty-Five - If a child is removed from a regular school to a special day or residential school, to what degree is his district school board responsible for his education?

This item was designed to discover how far district school boards took financial or other responsibility for the education of their pupils who were removed to a special day or residential school. The issue at stake is whether or not a district school board holds itself responsible for the education of all school age children in the district whether or not they are being educated in the regular public schools of the district, in regular schools of another district or in special day or residential schools.

Fifty districts said that this item was not applicable or they did not give a reply to this question. Of the districts replying, the most general practice is for the school board to pay the fees of a special class child who attends a school in another district but lives at home. If a child attends a school in another district but has to board, school boards may pay a living allowance of up to $40 per month. In the event of emotionally disturbed pupils attending a residential school, these children may be treated as wards or non-wards by the Department of Social Welfare and financial assistance provided by that department.

Some of the replies to Item Thirty-Five are listed below:

(1) The school board may pay for tuition fees, if any, and board (usually limited to $40.00 monthly, which is shared by the Department of Education).

(2) Where the local school board has been unable to provide special facilities for a child in the community and it has been necessary to send him to a special day school or residential school, the board has never refused a valid request for assistance. However, if the child is institutionalized then he becomes the responsibility of another department of the government.

(3) In the instances where the decision to transfer a child to a special day or residential school has finally taken place, the children have in the meantime usually become wards of the Superintendent of Child Welfare. In view of the seriousness of the problem which has led to this outcome, the district school board has not been required to assume any responsibility for this ultimate provision in dealing with these children. It would obviously be a more relevant concern of the school board if there were, more frequently, occasions when deserving, but perhaps more marginal, pupils have had the opportunity to be offered these special treatment services. As it is, those seriously considered for residential treatment are so obviously the responsibility of agencies other than education that the school board has been spared any real involvement in assuming its responsibility for their continued education.

Item Thirty-Six - When an emotionally disturbed child has been transferred to such a special day or residential school, what arrangements are made for contact between the teachers and specialized school personnel of the child's regular school and the staff of the day or residential school or treatment centre?

Since, hopefully, many children who are transferred to a day or residential school or treatment centre will be able to continue their education in a regular school at a later date, this question was designed to discover how much contact there is between the child's public school and the special school or treatment centre both at the time of transfer, during the course of treatment, and at the time of re-entry of the pupil to a public school.

Sixty-one of the eighty-two districts gave no reply or indicated that this item was not applicable in their case. Of the districts replying, two said that contact was maintained by the special counsellor, one suggested that the principal was responsible for keeping in touch, and two said that the only liaison occurred through the social welfare department worker or through public health services. Two districts said that contact was made only when a child was about to return to a regular public school. On the basis of the meagre evidence available it would seem that, once the responsibility for an emotionally disturbed child is assumed by another district or by a provincial government department, there is little contact between that district or department and the school district or school from which the child came.

A sample of replies to Item Thirty-Six follows:

(1) It has been virtually impossible to effect such liaison. Some (minor) rifts are appearing in some of the walls.

(2) These children in a residential school are wards of the government so basically there is no contact with the school district. Contact is maintained with the home if it is likely the child will be returned there once necessary remediation is completed.

(3) Unfortunately, very little. In fact we have had pupils who, though they have been provided for in the special residential facilities only because they are the most

extreme of extreme cases, have nevertheless been returned to the local community without any preparatory arrangements, and without any pre-release planning.

(4) Conferences with releasing and receiving personnel are often held, but in any case, records are forwarded on request.

(5) Since the child is completely removed from this district there is no attempt made to maintain continuing contact. At the time of rehabilitation a case conference is held.

Item Thirty-Seven - If a child is being discharged from a special school or treatment centre to return to a regular school, what arrangements are made to make the transition a maximally effective one?

Forty-eight out of the eighty-two districts either did not reply to this item or indicated that they had no experience with such a case to date. In the majority of the other districts, the school personnel make an effort to get information which will help them to plan most effectively for the child re-entering the public school. In some cases, maximum information is sought from the special school or treatment centre where the child has been in attendance. In other cases, the special counsellor, teacher, principal, supervisor of special education or school psychologist meets with the public health staff, welfare worker or representative of the treatment centre in order to discuss appropriate educational provisions for the child.

Examples of the degree of cooperation between the public school personnel and special school or treatment personnel are given below:

(1) We have had little experience hence our generalization must be viewed with skepticism. Usually we have not known the child is back in his school until he again becomes a problem socially, academically, or both.

(2) Child's problem discussed by those agencies involved. Principal and teacher either take part in the discussion or are advised by the special counsellor of the group's findings in order to make transition an effective one.

(3) In the event of such a situation, the school psychologist and supervisors would meet with the public health staff or representatives of the treatment centre if at all possible to discuss with them appropriate after-care methods.

(4) When a child (from the special residential school) is discharged and is being returned to the home, he is accompanied by a team leader from the school who will consult with the home and appropriate school officials.

(5) There are no policy-statements regarding this transition. However, in 99% of the cases a fairly good liaison has been established between the treatment centre and the regular school.

(6) The problem would be dealt with by the Youth Guidance council, comprising representatives of schools, public health, welfare, probation and manpower. A case currently under consideration is that of a boy who is about to be returned to school from the Mayo Clinic in Rochester.

(7) Normally, the child, parents, and returning agency meet with the supervisor of counselling, supervisor of special education, and/or in many occasions the assistant director of the pupil personnel division to discuss handling and placement. Following this, the principal, special counsellor and teacher discuss the case before the actual placement is made.

Item Thirty-Eight - Does your board provide the opportunity for in-service education of teachers in which the mental health implications of teaching methods and administration practices can be discussed? Are such meetings held in school time?

This item was included in the questionnaire for three reasons: (1) mental health personnel are nearly unanimous in their belief that emotional disturbance in school children should be prevented if possible or at least treated in its early stages; (2) mental health oriented educators and clinicians generally believe that the school and classroom administrative practices as well as methods of teaching in regular classes can contribute to the adjustment or maladjustment of pupils; and (3) the success of any special educational program in the school depends on the sympathetic understanding and cooperation of the principal and the regular classroom teachers. Item Thirty-Eight was aimed at discovering what attempts were made by the school board to encourage increased understanding on the part of the regular staff of the emotional problems of pupils and of provisions for dealing with these problems.

Thirty-eight of the eighty-two districts replied that the question was not applicable or that no special provision was made for in-service training of school staff in the development of mental health in pupils. However, the majority of the districts gave an affirmative answer to this question, though only twenty districts answered the second part of the question about in-service meetings being held in school time. Thirteen said in-service education was provided for in school time and seven said this was not the case.

Unfortunately, the question did not specifically cover the several ways in which school boards assist teachers in an in-service training program. One of these is that of giving time off and/or travel expenses to workshops or seminars held at universities or at other centres outside the school district. One noteworthy reply, given by an urban centre in the interior of the province, stated that "An excellent in-service program is in effect within the school district. Special services staff meet weekly. They also attend many school staff meetings. The school board is generous in paying expenses of teachers who attend conferences and workshops away from home.

The board also subsidizes teachers who attend summer school ($70 per unit). Experts are also brought in by the school board to conduct in-service programs locally". Samples of other replies are given below:

(1) The board provides the opportunity for such in-service education as a part of its overall in-service education programme. Because the district is small, it cannot set up workshops or discussion groups for this type of thing, but does encourage members of its staff to attend such conferences sponsored by universities and other institutions of higher learning.

(2) a) Yes, our boards share jointly with the teachers in an in-service education fund, though it has no specific orientation; b) No.

(3) In-service education for teachers has been provided to a certain degree in the area of mental health implications of teaching methods. Most in-service training is done on an individual basis discussing individual pupils. I would also consider the conferences with the mental health team as valuable in-service education. Conferences take place in school time and after school. Meetings of groups of teachers are always held after school.

(4) Yes, extension courses in educational psychology have been given in the district for years. These courses are guaranteed by our board.

(5) Yes, often within the school, and on occasion at a central location.

(6) Yes. These have not so far been held in school time. In-service programs have been evening programs.

(7) Consultative meetings, which have a strong in-service education component, are held in school time. Formal in-service education meetings for special education personnel and remedial, itinerant remedial or special class teachers are held frequently and regularly.

Item Thirty-Nine - What opportunity is provided for special class teachers and other specialized personnel to acquaint the teachers of your district and the public with the needs of emotionally disturbed children and attempts to meet these needs?

This item was based on the view of many educators that, (1) a special program can succeed only if it has the understanding and support of the regular members of the school staff, and (2) that no school program can be much better than the public opinion on which it rests. The aim of the question was to discover what active steps were taken to inform school personnel and the general public about the needs of emotionally disturbed children and the attempts by the school to meet those needs.

All but thirty-five of the eighty-two districts replied to this question, giving a variety of answers ranging from "no impediments are put in the way" and "Little, by choice" to answers outlining the use of staff meetings, teacher workshops, P. T. A. and other parent-teacher meetings, mental health association meetings and parent workshops as well as by the involvement of the press, radio and television. One district arranges for teachers to visit other schools to observe programs in action. The special counsellor, the consultant for special services, the supervisor of special education and the special class teachers themselves seem to be the personnel most often mentioned as contributing to this interpretation of the program for emotionally disturbed children to the other members of the staff and to the public.

Samples of replies to Item Thirty-Nine follow:

(1) The special counsellor serves as a consultant to teachers and principals.

(2) The press is most willing to cooperate. It is hoped a weekly column "Teacher Talk" beginning in January will in part serve this need. Parent-teacher meetings sometimes deal with this topic. The special services consultant is considering doing a series of seminars on this topic.

(3) Opportunities to acquaint the public are created from time to time and one of these within the last four weeks.

The overall response was disappointing because of the defeatest attitude taken by the public at large which was expressed by the question "What can we do?" The attitude of the public seems to be that the question should be solved within the school or by some government agency and should not be referred to people at large.

(4) a) Staff meetings; b) parent-teacher meetings; c) staff-parent interviews; d) Canadian Mental Health Association meetings; e) parent workshops.

(5) Public relations within the school district and between the district and the public are good. There are numerous meetings, newspaper articles, and television programs.

(6) Programmes, of talks, films, and discussions are being presented to teachers, parents of kindergarten children, members of the handicapped children's society, and the general public. A branch of the Canadian Mental Health Association is being formed, and will offer the public a series of films on various aspects of mental health, commencing January, 1969.

(7) The main opportunity for acquainting teachers with the needs of emotionally disturbed children and the attempts to meet these needs is through the annual special education survey. Principals are encouraged to devote staff meetings to the purpose of acquainting staff members with the needs of these children and with the plans which are proposed for meeting these needs.

The opportunity to acquaint, and to enlist the cooperation of, the public is more difficult. One major effort we have made in this regard is through the family court committee, which is set up under authority of the municipal council. The mayor has recently made an effort to enlarge the involvement of community groups, both lay and professional, on this committee.

(8) In elementary schools the teachers are given the opportunity to visit other district schools and observe the programs in action. Parents, through the local chapter of the Canadian Association for Children with Learning Disabilities, develop considerable awareness regarding the emotional

needs of children and the attempts being made to meet those needs. Public press releases by the CACLD chapter aid in developing public awareness as do radio and TV programs developed locally. The special counsellor addresses public meetings and meetings of the principals on these topics. There are workshops for teachers on related topics such as sex education. In secondary schools there are workshops for teachers on "Misuse of Drugs" conducted by the local family court and monthly meetings of school counsellors with mental health clinic personnel.

(9) Conferences and public seminars are held. Local organizations such as the local chapter of the Council for Exceptional Children, the local branch of the Canadian Mental Health Association and the local association for emotionally disturbed children, are active in this field. This fall there have been two workshops dealing with this area.

Item Forty - What additional services do you think would best meet the needs of emotionally disturbed children in your district?

This item was considered to be a key item in the questionnaire. It was, therefore, gratifying to have forty-six of the fifty-four superintendents reply to this question giving the results of their experience as well as their views as to what is needed to meet the needs of emotionally disturbed children in their district or districts. Because of the variety of answers and of the value of the suggestions made, an extensive sampling of the replies to this question will be given below.

The directors of the study had hoped to receive 100 percent of replies to this question. However, twelve districts administered by eight superintendents, either did not answer the question, or replied "not applicable". One replied "No definite views at present". One thoughtful reply came from a superintendent in a remote part of the province who said, "A difficult question, but basically the term 'additional' services is not applicable in my three districts which constitute nearly 45% of the geographical mass of the province but yet have only 1,750 students and 82 teachers. The need is for 'basic' services and space. For example, in a school of 23 students and one teacher in a remote location, the question arises 'How does this teacher cope with such a situation, if/when it comes along?' Parents are very reluctant to even admit such problems exist in small communities and particularly to send them to 'outside' centres even for regular schooling. To my knowledge, about 3 emotionally disturbed cases have been brought to my attention, but in each case the age is just under 15 and all concerned (parents included) prefer to wait a few months and have the child leave school. Life appears too 'free and easy' in such areas and schooling appears to take a low position. Most unfortunate indeed!"

A summary of the suggestions made in the replies to the question as to what services were needed to meet the needs of emotionally disturbed children in the schools follows:

Number of districts

21 - More mental health clinic services or psychiatrist's services.
13 - Special classes for disturbed children.
10 - A school psychologist.
7 - Group living homes for 12 - 15 year olds.
7 - School-oriented social workers.
6 - Special counsellors.
5 - Residential facilities for severely disturbed children.
5 - Teacher aides (paid and voluntary).
3 - More training in mental health for student-teachers.
3 - More provisions in British Columbia Universities for training of educational therapists and therapeutic tutors.
2 - More cooperation between school districts in providing services for children with special needs.
2 - More therapeutic tutors.
2 - More consultant teachers.
2 - Lower teacher-pupil ratios.
2 - Speech therapists.
2 - More services of medical specialists (neurologists and pediatricians) made available.
2 - School counsellors for elementary schools.
1 - Psychometrician.
1 - More public health nurses.
1 - More provision for an unstructured program for alienated adolescents.
1 - A one-year university course for training teachers to deal with a variety of maladjustments.
1 - More attention to curriculum development.
1 - Special resource teachers in secondary schools.
1 - A learning centre in the school.
1 - Use of a protected class (a total of 18 pupils, three or four of whom would be emotionally disturbed children).
1 - A diagnostic teacher.
1 - More liaison with family doctor.
1 - Adult education courses for parents.

Number of districts

1 - In-service training for teachers given by psychiatric and psychological advisors
1 - Therapeutic school unit.
1 - Courses given by a psychologist for training both paid and volunteer aides.
1 - Provision of consultative service, therapy and special placement for all disturbed children, not merely for those who are wards or non-wards of the Social Welfare Department.
1 - More preventive work by social welfare.
1 - Psychological screening of candidates for the teacher-education course.
1 - Provision for emotionally disturbed children other than by placing them in retarded children's classes.
1 - Coordinating committee of special services personnel.
1 - Intensive group counselling of parents and children.
1 - Extra financial reward for trained teachers.
1 - Day hospital classes.
1 - Child development worker.
1 - More services from the health units.
1 - Supervisor of elementary education.
1 - More assumption of responsibility by the provincial government in providing services for emotionally disturbed children.

The following sampling of specific comments made in the returns of the questionnaires shed further light on the points of view of district superintendents and their staff with regard to the needs of emotionally disturbed children in British Columbia:

(1) I feel if any district had the services of specialized personnel and of personnel outside the school as listed in Item Six (a) of this questionnaire, that it is much more likely that the needs of emotionally disturbed children could best be met. I personally would like to see a strong movement on preventative mental health, as

well as our present practices in corrective mental health offered in our schools. The "preventative" aspect would be a continuing one which should permeate the community from young people (parents) through community agencies and resources to the school system.

(2) a) A therapeutic pre-school unit, as described by Marianne Cook in "Educational Therapy", Vol. 1 - 177-206 Special Child Publications (Seattle).

b) Possibly setting up classes for emotionally disturbed children of school age, with provision for return to normal classes when possible.

c) Obtaining services of school psychologist, whose costs and services would be shared by this and two adjacent school districts.

d) Training courses conducted by school psychologist for teachers, aides and parents.

e) Financial help to enable mental health clinic psychiatrist to pay realistic salaries to his team, so he would be available on a consultative basis again.

f) Modification of medical health plans so the cost of consultative service, therapy or special placement could be afforded by all.

g) More provision for preventative measures: (i) Adult Education courses for parents so children receive help far earlier and services for family therapy; (ii) Modification of teacher-training programs with more stress on relating to children, the recognition of emotional problems and how to deal with them; (iii) Better training facilities for educational therapists and for therapeutic teachers in our British Columbia universities.

(3) a) An adequate number of qualified personnel to aid the teacher and to aid the parent; b) In particular, for the present size of our area we require: two special counsellors, and one school-oriented social worker (budget is a limiting factor here); c) Class sizes which would permit

the establishment of "protected" classes (There is no problem in this district in regard to this in certain schools); d) Active participation of mental health team or local mental health clinic. Although this survey does not cover the students who are too disturbed to remain in classes, this poses one of the most difficult problems for the administrators.

(4) The problem of emotionally disturbed children who eventually become emotionally disturbed adults is of such significance and importance that obviously steps should be taken to correct it. It does not lie within the resources of a small school district to do much about it, and I surmise that it may even be outside the capabilities of a large district to deal adequately with such a vast problem. In this case to whom do we turn? There is a natural hesitancy to say that the government ought to assume this responsibility, but I do not see how it can be placed in the hands of any other group. The costs of providing specialized teaching and the cost of providing the necessary diagnostic services are such that either governmental grants must be made to boards of school trustees to assist them in bearing the costs or the government must assume direct responsibility. We would prefer to have the first answer, namely, that proper grants be provided to school boards so that they may set up the required services. We would think that a locally based service, even though it might be less efficient than a highly centralized one, would better meet the needs of children and would more readily find local assistance and acceptance than would the highly centralized one. In our view, the local unit would likely have more chance of success with the individual child and would certainly involve the community in the problem and would unquestionably gain more sympathetic understanding than would a government operated system. After all, a large part of the solution lies in the acceptance by the community and through the assistance community members would be willing to give.

(5) A district of this size is not entitled to the services of supernumerary resource personnel. The board has, however, been concerned as to problems of mental health -- concerned enough to take it on their own responsibility to appoint

a special counsellor. This has not proven to be effective in practice. This situation is unfortunate but not unexpected. It is not uncommon that such a resource person experiences difficulty in gaining the respect and confidence of the "Establishment".

I have every reason to believe that an effective educational psychologist could be a very practical asset in school district staff. However, I am at a loss as to how this can be achieved. The qualifications and training of the individual are assets that are secondary to his personal ability to achieve an effective involvement.

I'm coming around to the opinion that a "travelling team" of mental health specialists is the answer. If the services of such a "team" were readily available to the co-ordinating committee (of the local teacher, principal, elementary supervisor and public health nurse) the needs could be more effectively met. Such a team, by "setting up office" in the district at regularly scheduled intervals could diagnose, advise, counsel and follow-up.

(6) A mental health clinic is being built in a nearby town. The convenience of this clinic should help us greatly. The child guidance clinic at present comes to the area for 1½ days per month. Children needing further treatment have to be taken to a distant centre where a clinic is available. Most parents make an effort to do this but road conditions in winter often make it impossible.

(7) I feel that the greatest need within our district is for a residential treatment centre and an out-patient clinic with which the school program would be integrated. Schools should be responsible for providing an educational therapeutic setting for disturbed children but they do not have the qualified personnel to provide the psychiatric treatment these children need or the counselling that their parents need.

(8) It is not the feeling of the school psychologist that "emotionally disturbed" children need more services per se. Their problems flow from a multitude of causes: biological, economic, sociological, psychological, educational, and accidental. The school qua school cannot be expected to counterbalance the negative effects of all these forces,

to believe it can would be quixotic! The function of the school is to provide the setting in which learning takes place. Its responsibility toward emotionally disturbed children is to maximize the possibility of their being able to learn, to extend its goals beyond this would eventuate in its being a surrogate mental health clinic, social welfare agency, probation service, housing authority, slum clearance commission, human rights department, parent education group, planned parenthood chapter, and arbiter of the moral and social values of society at large.

(9) a) SCHOOL -

(i) Additional special classes of learning disabilities.
(ii) Additional staff: one additional remedial consultant, one more social worker, one speech therapist.
(iii) Three additional readiness classes.
(iv) Introduction of a learning centre: a combined demonstration-clinic setting for children with learning disabilities.

b) COMMUNITY -

(i) Closer relationship with family physicians.
(ii) More public health nurses (present ratio is 1:1000 pupils).
(iii) More preventative work done by the social welfare department.
(iv) More treatment facilities in mental health centre.
(v) Group homes.
(vi) Unstructured programs for alienated adolescents - drop-in centres, etc.
(vii) More medical specialists: neurologists, pediatricians, etc.

(10) a) The inclusion of courses on emotional maladjustment as part of regular teacher training.

b) Credit courses on the subject, including correspondence courses for those teachers in isolated locations.

c) A special one-year university course to consider all aspects of maladjustment, available only to experienced teachers who have demonstrated a real interest in this field. (One thinks hopefully of sabbatical leave for such teachers.)

d) Extra financial reward for teachers who have successfully completed such training, by full-time attendance, or through extra-sessional facilities.

e) Thorough psychological screening of all candidates for teacher training, to ensure that children are not exposed to maladjusted teachers.

f) The hiring of a suitably qualified teacher of maladjusted children, and an end to the present practice of mixing those children with borderline retarded pupils.

(11) The facilities of the non-educational nature which are most immediately required to meet the needs of emotionally disturbed children in this community are: group living homes, family counselling services. The educational authorities have, in my opinion, discharged their responsibilities for looking after the needs of emotionally disturbed children much more adequately than authorities within other disciplines. The time has arrived in this community when we should attempt to redress this disparity and to achieve a totally integrated effort in our endeavor to look after the needs of emotionally disturbed children and adolescents within this community.

(12) a) Greater use of "therapeutic tutors" who could assist emotionally disturbed children who are remaining in their regular classes.

b) Teacher-aides, essentially parents who have had experience at raising their own children. If volunteers are used there would be opportunity to bring in male as well as female aides.

c) Speech therapist - several of these children exhibit minor to gross speech difficulties.

d) Greater amounts of mechanical aids that would allow immediate correction or reinforcement within the learning situation.

e) Travelling clinic of personnel who are engaged primarily in the research area to meet with district staff, teachers, parents, together or in interested party groups, to allow for continuing awareness regarding developments, programs, etc.

f) Development of a group living home for children unable to remain in their present environment.

In general, the answers to the questionnaire revealed a tendency to concentrate on the question of whether or not the district had a special class for the emotionally disturbed and to ignore too greatly the actual provisions made in the school for disturbed and disturbing children. Every school district does this in some fashion, i.e. by trying to deal with these pupils in regular classes or in a mixed special class with retarded pupils or by excluding the child from school. The questionnaire should have been more explicit on these points.

Description of the Study in British Columbia (cont'd)

2. Conferences with School Officials and Visits to Schools

In addition to the questionnaires which were returned by all the district superintendents of schools in the province, the director and/or the assistant-director of the study arranged a conference with the specialized personnel of the school districts of the Lower Mainland of British Columbia, Victoria and three other school districts on Vancouver Island, and Prince George, Kamloops, Kelowna and Trail in the interior of the province. The purpose of these visits was twofold: (1) to get a sampling of opinion of specialized personnel working in the field of special services and to gain more intensive knowledge of the points of view and practices of the school districts than could be learned from the questionnaires; and (2) to observe the organization, methods and equipment of special classes and of other special services provided for emotionally disturbed children and to talk with special class teachers, principals and others who were dealing directly with the problems of disturbed and disturbing children in the schools.

Efforts were made wherever possible to include the district superintendent of schools in the conference. Other personnel usually included supervisors of special education and/or special services, special counsellors, directors and supervisors of elementary and secondary instruction, the school psychologist (where one was available), and special consultants. The school conferences usually involved from three to seven persons and lasted from one to three hours.

While this study focuses on educational provisions for emotionally disturbed children in public schools, the director and assistant-director made two visits to the Provincial Mental Health Centre at Burnaby to observe special classes of emotionally disturbed children being conducted there and to gain information about policies of "The Maples" (the new provincial youth development centre).

Mrs. I. G. Preddy, Special Placement Consultant, Child Welfare Division, Department of Social Welfare was interviewed in order to learn what provision is made for the placement in residential centres of emotionally disturbed children who cannot be educated in the public schools.

Special conferences were held with Dr. David Kendall, Head of the Department of Special Education, the University of British Columbia who is also a member of the (Canadian) Commission on Emotional and Learning Disorders in Children.

The conferences and school visits revealed a wide range of opinion and practice with respect to the education of emotionally disturbed children in British Columbia schools.

a) There was a wide range of opinion as to the wisdom of organizing special classes in schools for children with various types of handicaps. While most school districts accept the principle that a handicapped child should be educated in a regular class provided that his needs can be met there in adequate fashion, some districts have disbanded special classes and others have decided not to institute such, without making adequate provision for the supportive services necessary if such children are to receive the help they need. Other school districts feel that until adequate supportive services are available, special classes are needed for the emotionally disturbed child. Still others think that even if good supportive services for regular class teachers and their disturbed pupils are available, special classes are necessary for moderately disturbed pupils who, while not able to function effectively in a regular class, do not need to be removed from their regular school setting to a special day school or residential school.

b) The province's school districts also differ in the way special classes, where such exist, are organized. Some districts have a policy of placing children with a wide range of disabilities in one class, while others feel that there should be separate special classes for the educable retarded (slow-learners in British Columbia's terminology), those with defects of hearing and vision, those needing remedial instruction in reading, the neurologically impaired and the emotionally disturbed. A discussion of this point is found on page 184.

c) The policies and practices of school districts reflect the current controversy among psychiatrists and psychologists as to whether all hyperactive and distractible children should be viewed as having brain dysfunction or minimal brain damage whether such an organic basis is demonstrable or not. Some school districts designate all pupils exhibiting hyperactive or distractible behavior as brain injured or neurologically impaired. Other school districts, while recognizing that disturbing or disturbed behavior may indicate brain damage or brain dysfunction, believe that such behavior may also result from environmental factors in the home, the school, or the community.

d) While the point of view of almost all the school districts emphasized cooperation with parents as highly desirable if practicable, one district took the position that involving some types of parents in efforts to rehabilitate the disturbed and disturbing child was quite futile, especially with the resources available to the school for such cooperation. In practice, school districts varied from having very casual and infrequent contacts with parents to one district that refused to place a child in a special class unless both parents were willing to cooperate and to come to the school on a regular schedule.

The Study of Educational Provisions for Emotionally Disturbed Children in Areas Outside British Columbia

In order to learn about the educational provisions for emotionally disturbed children in areas other than British Columbia, over two hundred letters were sent to key individuals in the special education departments of district, city, and provincial school systems in Canada and to selected leaders in mental health and special education in Canada and the United States. Enclosing a copy of the questionnaire used in the British Columbia study was found to be an effective means of obtaining fairly complete descriptions of special education services for disturbed children in other areas. In many cases, the director or supervisor of special education went to the trouble of filling out the British Columbia questionnaire with respect to the educational provisions for disturbed children in his own school district or system.

No attempt is made here to report in full the many data obtained from other parts of Canada since many of these duplicate the practices reported in the present study in British Columbia schools. However, a few examples will be given of school systems which emphasize some particular aspects of their education of emotionally disturbed pupils.

Etobicoke (Ontario) Board of Education has set out the nature of its services for emotionally disturbed children in a handbook - Statement of Policy for the Administration of the Public Schools (Ref. 44). Emphasis is placed in Etobicoke on the supporting services provided to teachers by the Pupil Assessment Department and the Educational Assessment Centre through the services of psychologists, pupil assessment consultants, remedial specialists, special education consultants (behavior) and the consulting psychiatrist.

There are six classes for emotionally disturbed children with ten pupils and two teachers for each class. One of the six classes is made up of severely disturbed youngsters some of whom have been medically diagnosed as schizophrenic or autistic. This class is made possible by having, on a half-time basis as a member of the school staff, the services of a psychiatrist from the staff of the University of Toronto.

The Borough of North York Board of Education does not define emotionally disturbed children specifically but deals with pupils in terms of their behavioral pattern. It supplies a variety of supportive services to: (1) the teachers of regular classes who have one or more disturbed children in their class; (2) the teachers of the six special classes of disturbed children (known as "Special

Learning Disabilities (Behavioral) Classes"); and (3) to teachers of "Protected Classes". The latter groups are made up of two to five troubled children placed within a class or "core group" of 18 to 20 stable, well-motivated children. The educational program for the children is determined as a team project in which are involved the principal, the consultant for the special learning disabilities (behavioral) and the psychologist of the school. In this situation the disturbed child remains in his own school in a controlled setting. There are 29 "protected classes" from Grade I to Grade VI level in North York in the school year 1968 - 1969.

In the case of the six special classes (maximum 8 children each), these are located in three schools in pairs in adjoining rooms with a communicating door. Admission to these Special Learning Disabilities (Behavioral) Classes is on the basis that the pupils: (1) are at least average or potentially average in intelligence; (2) have not been able to progress within the existing facilities in their home school; (3) are a) withdrawn, fearful, inhibited, overcontrolled or b) aggressively expansive and/or impulsive, and poorly controlled.

Teachers for special classes are specially trained in the Ontario Department of Education Summer School Courses (Emotionally Disturbed Option) or have had special training in American universities. Paid teacher aides are provided in some of the special class programs.

The Board of Education of the Borough of Scarborough has in operation twelve classes for emotionally disturbed children, two of which are for children with multiple handicaps (two primary classes for five-and six-year-olds will be added in September, 1969). There are 18 teachers for these twelve classes, six teachers being "swing teachers" whose job it is to relieve the regular teacher of the special class in times of crisis. Plans are under way for the employment of child care workers as supplementary to the classroom teachers. Scarborough has been able to return 75 percent of its special class pupils to the regular educational stream. As far as is possible, Scarborough segregates emotionally disturbed children from neurologically impaired pupils. As in most school systems, special class teachers are paid an additional amount in salary - in this case $300 a year.

The Board of Education of the City of Hamilton has established nine special classes for the emotionally disturbed, three of which are at the secondary level, and are associated with the Adolescent Unit of the Hamilton Psychiatric Hospital although the pupils are considered to be pupils of a nearby secondary school. There are three major types of programs in the Adolescent Unit: (1) some pupils live in the unit and attend community schools; (2) some adolescents live in the Adolescent Unit and attend the "Unit" school within the hospital setting; and (3) some children sleep at home but are involved in the unit program either a) from 8:30 a.m. to 4:30 p.m. or b) from 8:30 a.m. to 10:00 p.m. (unit program and evening activity program). Hamilton uses paid teacher aides in its special classes and uses the term "Learning Disability Classes" for severe learning disabilities arising out of either emotional problems or perceptual handicaps (neurological impairment).

The City of Ottawa Public School Board defines emotionally disturbed children as those who usually have as primary symptoms: (1) a poor self-concept; (2) inability to have effective relationships with others; (3) difficulty or inability to face reality; (4) difficulty or inability to cope with the learning situation in spite of educational remedial measures (such as special perceptual training, etc). Ottawa has ten special classes for disturbed pupils and 14 teachers. The maximum number of pupils for each class is eight.

One of the special classes is known as a "Socialization Class" where very severely emotionally disturbed children are worked with on a one-to-one basis until they can go into a small group situation. Pupils are "rehabilitated" into a regular class for lengthening periods of time, as soon as they can manage it. Special classes have educational and psychological consultants who visit weekly. In the selection of teachers for special classes, Ottawa deems suitability of personality as very important though teachers are required to have had training in special class teaching.

A special feature of the Ottawa program for disturbed children lies in its extensive and systematic use of volunteer aides. The school volunteer works over a period on a one-to-one basis with the same child who may be either in a regular class or a special class. The School Volunteer Service was initiated in 1963 under the sponsorship of the University Women's Club of Ottawa and under the supervision of the Chief Psychologist of the School Board. Beginning in 1963 with three volunteers this number reached 17 in 1968. In the first four years of the program 101 children received prolonged assistance from a volunteer. The volunteers are screened by the school psychologist and are provided with orientation to their work both by a personal interview and group meetings. The following rules guide their work in the schools:

Rules Followed by the Volunteers

1. At least two periods per week of not less than one hour each must be allowed for each child to whom a volunteer is assigned. Occasionally a child can benefit from less time.

2. The volunteer will limit her relationship with the child to the school situation.

3. The volunteer will present herself to the child as a special tutor who has come to help with school work.

4. In dealing with each child the volunteer will be guided by the advice of the school psychologist, the child's teacher and the school principal.

5. If the volunteer must be absent for a time, it is of utmost importance that she explain the situation in advance to the child.

6. The volunteer will never criticize the child or his family, teacher, or principal.

7. The anonymity of the child will be maintained by referring to him always by his first name only.

8. The volunteer will attend regular monthly meetings of the group of volunteers with the school psychologist.

9. The volunteer will report any serious problem to the school psychologist.

10. The volunteer will use the greatest possible tact in her dealings with the teacher, the principal and other school staff members. She will work as unobstrusively as possible so as not to disrupt school routine.

While the volunteer does help the child with his school work under the direction of the teacher, she also may read to him, tell him stories or give him an opportunity to play games or to draw pictures. She works with the child on a one-to-one basis as long as he needs assistance. This may be from a few weeks to several years, though usually the period is that of one year or less. Essentially, the volunteer is endeavoring to win the child's confidence with the hope that her undivided attention and uncritical acceptance will help him in his emotional distress. The volunteer works with children wherever space is available -- a nurse's office, an empty classroom, lunchroom, gymnasium, cloakroom or even an entrance hall. The majority of children helped have been between six and nine years of age. Eighty-six of the first 101 children helped were diagnosed as emotionally disturbed and 14 as having neurological impairment with emotional overtones. One child had an academic difficulty.

Systematic attempts have been made to evaluate the project. These have been reported under: (1) responses of the children; (2) responses of the teaching staff; (3) responses from psychologists; (4) responses from the professional community; (5) responses of volunteers. All of these have been favorable. Follow-ups of children who have been assisted by volunteers indicate that, for many, subsequent school adjustment, as reported by teachers and principals and demonstrated in school achievement, has been good. Over seventy percent have been able to stay in a regular class. Teachers have reported favorable changes in behavior in every child seen by a volunteer. Teachers, principals and school psychologists have come to look upon the volunteers as a valuable resource upon which they can call.

That the use of volunteers is not confined to a large community is seen in the report of the Halton (Ont.) County Board of Education. The Board of Education of the Township of Toronto has also reported a successful project carried out by the board with the cooperation of the Port Credit (Ont.) Branch of the University Women's Club.

London (Ontario) Board of Education has organized a very complete service for emotionally disturbed children. Ten psychologists (7 of whom have Ph.D.'s) and 4 Child Guidance Consultants (trained at the Institute of Child Study, University of Toronto) concentrate on the prevention of emotional disturbance in children and in giving sufficient supportive services that emotionally disturbed pupils can remain in their regular class. However, four special classes enrolling 27 disturbed pupils are provided for disturbed children who cannot remain in a regular classroom. For purposes of their education, the London Board distinguishes between emotionally disturbed and neurologically impaired children, the latter being in three special classes. Use is made of paid teacher aides and there is an excellent system of volunteer aides which is very similar to the Ottawa plan, though the volunteers are recruited from the wives of the faculty of the University of Western Ontario. London goes on the assumption that, if you are going to do something significant for emotionally disturbed children, it will cost money to provide the services and the community must be willing to pay for it. In London, emphasis is placed on evaluation by the Department of Personnel Services which has its own research department with two well-trained research psychologists. Emphasis is also put on having the objectives of education for the emotionally disturbed very clearly defined.

The teaching of the emotionally disturbed in special classes is based on both the behavior-modification and psychodynamic theories with great freedom being given to the teacher in her choice of methods.

All disturbed children are assessed by the school system's educational clinic. Those children who need special class services are examined by the school board's own medical staff, a private physician or a mental health clinic. However, the decision as to what educational services should be provided for the child is made by an educational committee composed of the school principal, the school psychologist, the school doctor and the school inspector. The decision is made on the basis of all the data available. A strong committee is considered essential.

In-service education in mental health is carried out for all teachers by the school psychologists under the direction of the school board's Superintendent of Professional Development. When possible the policy is to release twenty teachers at a time from classroom duties for one or two days for a workshop. It is considered vital to keep teachers informed as to what is being done in both preventive and educational services for emotionally disturbed children and to enlist their cooperation and participation.

While London does not use the term "protected class", it frequently places a child in a regular class other than his own class, either in the child's own school or in another school. Principals are encouraged to receive, as a transfer, a child who needs special help. It is recognized as normal that the personality and methods of one teacher may be more effective with a specific child even if his former teacher is rated as a top-flight teacher. In all cases of transfer, however, the matter is discussed carefully with the principals, teachers and parents concerned so that the right class can be selected for a particular child. Placement is followed up systematically by a child guidance consultant.

Calgary Public School Board calls its classes for emotionally disturbed children, "Learning Disability Classes - Emotional". The system makes use of volunteers from the Junior League of Calgary especially in its class for autistic children with severe emotional disorders. These may exhibit profound withdrawal, an obsessive demand for sameness in the environment and lack of communication. The children in the severely disturbed class receive weekly treatment at the provincial child guidance clinic on an out-patient basis and attend school for half a day, four children being in the class in the morning and three in the afternoon. There are three volunteers for the four children. Calgary Separate School Board designates its classes as "Special Classes for Emotionally Disturbed Children" but thinks the term "Adjustment Classes" might be preferable.

Edmonton Public School Board. The director of this study visited Edmonton to study the very complete partnership between the Edmonton School Board and the provincial (and city) Departments of Health and Welfare. There is a Principal of Institutional Services as a staff member of the Special Education Department of the school board. This staff member supervises all the teachers of special classes in the child psychiatry section of the University Hosptial, the Diagnostic and Treatment Centre (operated by the Department of Welfare for disturbed or difficult children and adolescents) and the Detention Home. These teachers as well as the principal and teachers of the Glenrose Hospital School for physically and emotionally handicapped children are selected by the Director of Special Education of the Edmonton Public School Board. They remain full members of the Edmonton public school staff and are paid by the school board which recovers their salaries from the appropriate government department. The school board furnishes the consumable supplies for these classes and the teachers are able to call on the services provided by the school board including audio-visual and remedial services as well as the services of the Education Clinic in the Bureau of Child Study.

Special classes in the Edmonton system are divided into two major divisions -- Opportunity Classes for retarded children and Adaptation Classes. The latter includes services for emotionally disturbed and neurologically impaired children as well as those in need of remedial reading. Edmonton's experience increasingly indicates that these different types of youngsters should be in separate classes. The Edmonton point of view is, however, to de-emphasize labels -- that it doesn't matter what you call a class since the emphasis must be on what can be done about an individual child's present problems rather than on his past history.

The child psychiatrist in the University Hospital, who works very closely and harmoniously with the educational personnel. feels that he doesn't have the right to suggest to teachers what specific educational procedures or general educational program they should follow. His job is to make the teacher aware of what made the child upset and what is the nature of his present problem. The teacher should carry on from there. This psychiatrist thinks that both psychiatrists and teachers must be aware of the different meanings of hyperactivity -- that which may be due to a minimal brain damage or brain dysfunction and that due to environmental factors, including the child's anxiety over his inability to perform in school or at home.

The Glenrose Hospital School for children and adolescents from 5 to 17 years of age has 60 beds for physically handicapped children and 40 beds for those with emotional disturbance. It also provides education and treatment for 120 day patients. The staff of the hospital school is interdisciplinary and the principal of the school, who administers the educational services and is appointed by the Edmonton School Board, is also one of the department heads in the institution.

In the very complete partnership between the schools and the departments of health and welfare, the principle is observed that each agency has a primary function and is expert in its own specific field in which it can work most effectively. However, in dealing with children, there are always secondary needs and when these arise, the agency which has the meeting of these needs as a primary function is called in.

Winnipeg. The Child Guidance Clinic of Greater Winnipeg is a joint education and mental health project administered by the Winnipeg School Division. The director of the Clinic is engaged through the agency of the

Provincial Department of Health and the assistant-director through the agency of the Provincial Department of Education. Both are responsible to the Superintendent of Schools, Winnipeg School Division for the general policy and operation of the clinic. All other staff are engaged through the agency of the Winnipeg School Division. The clinical work is conducted through five departments -- School Social Work, School Psychology, Reading, Speech and Hearing, and Psychiatry. The services of these departments are available to the schools of Greater Winnipeg.

While there is a Special Education Department of the Winnipeg School Division, the clinic operated for 12 years, in its own building, a special class for disturbed children. This class was discontinued in 1966. Dr. Asselstine, the director of the clinic, has expressed, in a personal communication to the director of this study, the view that all special classes will eventually disappear from the public school system except those for extremely deviant children such as the completely blind, the totally deaf, the psychotic and grossly mentally retarded. In an article in the July-August, 1968, issue of The Canadian Psychiatric Association Journal, Asselstine (Ref. 4) gives his reasons for disbanding the special class for emotionally disturbed children which had been operated by the Winnipeg Child Guidance Clinic. He suggests that emotionally disturbed children should either be in a regular class in the school with help from resource teachers and possibly a resource room or they should be in a Psychiatric Centre for Children (as presently available in Winnipeg) administered by a medical organization. However, in the same issue of the above-mentioned Journal, Dr. Rosen, (Ref. 4) a fellow-psychiatrist who is Associate Professor of Psychiatry at the University of Toronto and who is employed half-time by the Etobicoke School Board, discusses Dr. Asselstine's paper and takes a somewhat contrary point of view, citing the success of special classes for disturbed children in Etobicoke, Ontario (see page 139).

Dr. Asselstine is on less debatable ground when he sponsors, "A Proposal for the Identification of Children of Kindergarten and Grade One who are 'At-Risk' in Regard to Future Learning Disability". This is a project which

Dr. Asselstine and his colleagues planned for the local school districts and which is being given particular support in the Winnipeg School District. It is designed to identify as early as possible all children likely to have future difficulty in school, including those whose difficulties may arise chiefly as a result of emotional disturbance.

Considerable material was also gathered regarding services for disturbed children in other Canadian centres -- Regina, Saskatoon, Moose Jaw, Montreal and Saint John (N. B.) and from a variety of institutions such as Ranch-Ehrlo (for disturbed boys) in the Regina area of Saskatchewan and the Roy Wilson Centre at Sedley (Saskatchewan) for delinquent girls referred by the Department of Welfare. Data were obtained from the Boys Village, Downsview, Ontario. In general, however, this study was confined to the study of emotionally disturbed children in schools with some discussion of those residential institutions who have some pupils attending public schools or where (as in Edmonton) the public school board assumes responsibility for the education of children in institutions.

In addition to seeking information outside British Columbia re Canadian services for the disturbed children, advice was sought from Dr. J. D. M. Griffin of Toronto, General Director of the Canadian Mental Health Association and Dr. J. D. Acheson, Superintendent of Thistletown Hospital, Downsview, Ontario.

American Contacts

Many letters were written to key leaders in the field of emotionally disturbed children in the United States asking for their views on the education of this type of pupil.

Advice and help was received from Dr. Peter Knoblock, Associate Professor of Special Education, Syracuse University; Dr. Paul Graubard of Yeshiva University (New York); Dr. Eli M. Bower, Professor, University of California (Berkeley); Dr. Richard J. Whelan, Chairman, Department of Special

Education, University of Kansas Medical Center; Dr. Bert Donaldson, Consultant, Special Education, Michigan State Department of Education; Dr. Paul J. Spata, Director, Boys' Training School, Lansing, Michigan; Dr. Evelyn Deno, Director, Psycho-educational Clinic, College of Education, University of Minnesota, Minneapolis; Dr. Frank H. Wood, Associate Professor, Department of Special Education, University of Minnesota, Minneapolis; Mrs. Floy C. Pepper, Multnomah County, Oregon, Department of Medical Services, Englefield Lodge, Trowsdale, Oregon; Dr. John Mesinger, University of Virginia; and Marylane Yingling, Coordinator of Information Services, Council for Exceptional Children, Washington, D. C. Many of the above also sent reprints of their articles or chapters of their books. Reference to these articles are to be found in the Bibliography.

6. Review of the Literature

A general review of the literature was attempted and took some months of time, especially before the research study was finally approved. However, it was found impossible to read the vast number of references on this topic. They run into the thousands. For example, a publication of the Children's Bureau, Research Relating to Emotionally Disturbed Children (Ref. 118), listing the research projects reported to the Children Bureau Clearinghouse for Research in Child Life from 1956 to 1967, listed 842 studies in this field. It is, however, pointed out that, since no effort was made to cover projects not reported to the Clearinghouse, this listing cannot be regarded as covering all research in this field since 1956.

As a result, it was decided to include in the bibliography only those references which were consulted during the study. The bibliography of references will be found on pages 254 to 265. No claim is made that it is, in any sense, a complete list of articles and books on the problem of educating emotionally disturbed children in the schools.

For those educators who want a good general introduction to the problem, Long, Morse and Newman, Conflict in the Classroom (Ref. 86), would be helpful.

Those who want to discover what research has had to say about emotionally disturbed children might have their purpose served by Johnson and Blank's Exceptional Children Research Review, 1968 (Ref. 63) and an earlier volume, Kirk and Weiner's Behavioral Research on Exceptional Children, 1963 (Ref. 66) as well as "Education of Exceptional Children", Review of Educational Research, Vol. 39, No. 1, February 1969 (Ref. 2) and the issues of the magazine Exceptional Children.

Those working in schools in the field of the emotionally disturbed would find of interest the proceedings of the three Syracuse University Conferences on the Education of Emotionally Disturbed Children, edited by Peter Knoblock (Ref. 68, 70 and 73). Public School Classes for the Emotionally Handicapped, a Research Analysis by Morse, Cutler and Fink (Ref. 94) while published in 1964 is still of value. Emotionally Handicapped Children in the Elementary School by Rubin and others (Ref. 107) while a report on research on the effects of special public school classes on disturbed children, goes much further and may be regarded as a basic text on emotionally disturbed children. Grossman -- Teaching the Emotionally Disturbed Child - A Casebook (Ref. 49) is of help in understanding the disturbed child in the classroom. Peter's Prescriptive Teaching (Ref. 99) would be of value to many teachers.

Those who would like a somewhat popularly-written but sound book would find it in Bert Kruger Smith's Your Non-Learning Child: His World of Upside Down (Ref. 110) albeit it is written from the standpoint of the brain-injured child. Cruickshank, an authority on brain-injured children, and who considers all hyperactive and distractible children as having a brain dysfunction has written a standard text, The Brain-Injured Child in Home, School and Community (Ref. 28).

Those who are interested in operant conditioning or reinforcement therapy will find an excellent description of how this works in Hewett's (1968) The Emotionally Disturbed Child in the Classroom (Ref. 56).

Donahue and Nichtern in the 1968 edition of Teaching the Troubled Child (Ref. 38) describe how emotionally disturbed children can be helped through the use of volunteers in the classroom and through other forms of community cooperation.

Finally, all Canadian educators should look for the report of the National (Canadian) Commission on Emotional and Learning Disorders in Children to be published in the latter half of 1968.

PART THREE:
DISCUSSION AND RECOMMENDATIONS

Introduction - The Point of View

Part Three of this report attempts to suggest answers to several basic questions which school boards, district superintendents, principals and teachers are asking about provisions for the education of emotionally disturbed children. These questions cover three broad areas:

1. Who are the youngsters who may be considered "emotionally disturbed"? What are the characteristics which make these children disturbing and disturbed pupils who become the concern of teachers and administrators? Allied to this question, and often overlooked, is what characteristics and needs do these children share with all children?

2. What is the probable percentage of disturbed children in British Columbia schools who need special help beyond that which can be provided by the classroom teachers who teach classes of the current size?

3. Just what form should special help for emotionally disturbed children take? This question involves a series of subquestions.

a) What should be the school's general and specific objectives in the education of these children?

b) What special administrative provisions should be made to help disturbed children to grow and develop in the most normal fashion?

c) What specialized supportive personnel as well as paid and volunteer aides should be provided to help teachers of disturbed pupils in both regular and special classes?

d) How should supportive personnel and aides be selected and trained?

e) What kind of classroom facilities and equipment should be provided for disturbed children?

f) What curricula and methods of teaching are likely to be most effective in promoting normal growth and development in emotionally disturbed children?

g) What kind of teachers do disturbed children need and how can they be selected and trained?

h) What is the role of specialized health and welfare agencies from outside the school in helping emotionally disturbed pupils?

i) Which disturbed children need the services of specialized day or residential schools and what is the role of both school boards and educational personnel in relation to such schools?

This study does not attempt to provide final answers to the above questions. However, in the light of a considerable study of the literature and of school practices in British Columbia and other parts of Canada, as well as in the United States, some tentative proposals are made in this section which may help school trustees, educational administrators and teachers to provide more adequately for the educational needs of emotionally disturbed children.

In dealing with the problem, the first practical question to be faced is that of who may be considered emotionally disturbed children in the schools. Many educational administrators and teachers are rightly afraid of labels. However, some use of labels in terms of classification is inevitable in the school. It is the use to which labels are frequently put that constitutes a real danger to the child.

School personnel need to realize that whenever any pupil is designated, either officially or in the teacher's mind, as average, normal, bright, gifted, dull, slow, retarded, hard-of-hearing, visually or orthopedically handicapped, or for that matter lazy, careless, untrustworthy or irresponsible, the teachers' expectations for, and attitudes towards that child as well as the methods of teaching used are thereby affected. The danger arises when a child is placed in a general category so that his individual needs are obscured by that category or label.

Educators are faced, on the one hand, with the problem of teaching each individual pupil by methods suited to his own particular needs and in the light of his specific behavior and, on the other hand, with both the practical and educational (i.e. for the development of the child) need for grouping children in some fashion in the schools.

The basic principle in the grouping of pupils (normal or handicapped) is that a child be placed in a group which, in the considered judgment of the educational authorities, will best promote that youngster's all round growth and development. Traditionally, pupils have been grouped either by chronological age or achievement or by a combination of these factors. Both principals and teachers have long recognized the limitations of grouping pupils on these bases. Today's educational administrators are confronted with the problem of providing effective education and growth for all the community's children -- the handicapped as well as the average or "normal" children. This involves grouping pupils who have common problems, characteristics and needs. These are the criteria for selecting the kind of educational provisions for gifted, average, dull or handicapped children. The educational administrator knows that, under our present system, it may be as much a "pedagogical sin" to place a very gifted child in a class of slow-learning pupils as it is to place a very slow-learning child in a class of very bright pupils. The same question arises in providing the best possible learning environment for emotionally disturbed children. As a result, decisions of how best to provide for the educational needs of disturbed children through various types of groupings is a crucial one which has to be faced not only on a general basis but in the light of each child's problems and needs, as revealed by careful analysis and diagnosis.

As this study progressed, it became more and more evident that educational provisions for emotionally disturbed children should be based on the specific forms of disturbed and disturbing behavior they exhibit in the classroom and on the playground rather than on hypothetical causes of their behavior whether these be considered organic or environmental. The schools should focus their attention on what can be done for the disturbed child in terms of his behavior and the problems he currently exhibits. The general nature of these problems are indicated in the following recommendation:

Recommendation #1, that children may be considered as emotionally disturbed when they usually exhibit such primary symptoms as:

(1) inability to have effective relationships with peers and teachers;

(2) inappropriate behavior or feelings under ordinary conditions;

(3) a general pervasive mood of unhappiness or depression;

(4) difficulty or inability to face reality;

(5) a very poor self-concept;

(6) difficulty or inability to cope with the learning situation in spite of the usual educational remedial measures such as remedial reading, perceptual training, etc.;

(7) a tendency to develop physical symptoms, speech problems, pains or fears associated with personal or school problems.

In the course of the study, the directors became concerned with a current tendency to label all children exhibiting emotional disturbance, particularly hyperactive, acting-out and distractible children, as being brain-injured or as having minimal brain dysfunction, whether or not neurophysiologists can find any organic basis for brain damage or dysfunction.

The above point of view is held by a leading American authority on brain-injured children, Dr. Wm. M. Cruickshank (Ref. 73, pp. 47-63) of Syracuse University. Cruickshank states, "Not all children who are emotionally disturbed are hyperactive, but hyperactive children constitute a significant percentage of the total group of emotionally disturbed children. . . . We consider these phenomena (sensory and motor hyperactivity) to be organically based.

The concept of the organic nature of hyperactivity is admittedly to a large extent theoretical at our present state of knowledge. I call them brain-injured although we do not have the diagnostic instrumentation sufficiently sensitive or sophisticated to make the diagnosis definitive at the present time". Cruickshank bases his statement on the fact that many hyperactive and emotionally disturbed children without a specific diagnosis of neurological disorder, demonstrate the same characteristics as those on whom a definitive diagnosis can be obtained.

Sheldon Cohen (Ref. 73, p. 70), School Principal, Bellefaire Residential Centre, Cleveland, Ohio, in commenting on Cruickshank's paper, takes a different point of view. He states, "A close examination of the hyperactive child and the emotionally disturbed child leads one to believe that, although symptomatically they are quite similar, etiologically (causally) they are not one and the same. Although many of the needs of these children are the same, it would be a mistake to treat them identically in the classroom. . . . . I question the thesis that all hyperactive children have a neurological basis to their behavior". In any case, as Cohen points out, there is, in addition to hyperactive children, a considerable number of emotionally disturbed children who are neurotic, anxiety-ridden, ego-defective, failure oriented, socially delinquent or who have a character disorder.

There is also a danger that children with other types of behavior than hyperactivity and distractability will too readily be labelled brain-injured without demonstrable organic evidence. This is sometimes the case with children with reading problems which may be labelled as dyslexic and their problem attributed to brain damage or dysfunction whereas there are many other recognized factors which lie behind a child's inability to read including emotional disturbance, lack of motivation, limited language exposure, and even teaching which does not take adequate account of the fact that each child has his own individual style of learning. These facts are stressed by Dr. Ralph Rabinovitch, Head of the Hawthorn Centre in Northville, Michigan, a residential and day treatment centre widely recognized for pioneer activities in child mental health programming, who states (Ref. 73, pp. 78-80) that "We can often diagnose hyperactivity in children, motor hyperactivity, on a neurotic basis and the absence of brain damage on the basis of marked overstimulation which is clear in the history. . . . . There are just as many hyperkinetic (hyperactive) children who have over-stimulating mothers as have over-stimulated brains and the fact that a child is hyperactive or overstimulated does not imply a diagnosis but only a symptom". Rabinovitch also pleads for a differential diagnosis in the case of retarded readers. He believes there are many factors which may lie behind a child's inability to read such as those mentioned earlier in this section and very frequently there are mixed causes. The remedial reading teacher may or may not be helped by labelling a child as having a brain dysfunction. Rabinovitch, (Ref. 73, pp. 84-90) in summarizing his paper says: "We have stressed the need for a functional diagnosis, avoiding useless, time-wasting concern with name-calling".

Since labelling a child as brain-injured or as having a brain dysfunction in the absence of organically-based evidence is likely to affect the attitudes of both parents and teachers towards the child and in the way they deal with him, the following recommendation is made:

Recommendation #2, that educators avoid labelling children who present emotional problems by designating them as having a brain-injury or brain dysfunction or merely as having "a bad home environment" and that they concentrate their efforts on a specific understanding of the child's present difficulties, using all available diagnostic data as bases for that understanding and on the taking of specific steps to help each disturbed child to solve his own unique problems.

It is recognized that many handicapped children have emotional problems as a secondary manifestation of their handicap in another area -- mental retardation, physical handicap or school failure. These symptoms of emotional disturbance may have either an organic or environmental basis. In the latter case, it is often the result of a damaged self-concept due to rejection or failure in interpersonal relationships, school work or other activities. These children may be considered multiply-handicapped and, as in the case of all multiply-handicapped children, the problem arises as to what type of grouping with other handicapped children will best promote their all round growth and development.

Recommendation #3, that, in the case of mentally and physically handicapped children who have a secondary handicap of emotional disturbance, adequate provision be made for treating their emotional handicap in whatever group of handicapped children in which they may be placed in the school.

Until recently, educational authorities have tended to view special education as an "extra" or "frill" to be discontinued when budget restrictions were necessary. In contrast, in our present-day society, it is increasingly accepted that it is the community's responsibility (both for its own sake and for that of the child) to educate all the community's children (albeit with the aid of special grants from provincial governments when necessary).

There are not just two groups of children -- the normal and the handicapped. Rather, there are just children each with his own unique needs, characteristics, problems, and style of learning. In that sense, every child is different. This trend towards fitting each child's education to his own particular needs is recognized in the report of the Commission on Education of the British Columbia Teachers Federation. The report (Ref. 21, p. 8) states, "We believe that programs should be specifically designed for individual children, recognizing the unique way in which each child learns". The same thought is expressed in Living and Learning (Ref. 96, p. 49), The Report of the Provincial Committee on Aims and Objectives of Education in the Schools of Ontario, which states, "Learning by its nature is a personal matter. There is virtually a metabolism of learning which is as unique to the individual as the metabolism of digestion".

The new attitude to special education is expressed in the above report (Ref. 96, p. 101) as follows: "The Committee suggests that, if primary emphasis is placed on the learning and progressive development of each child as an individual, it becomes easier - as well as imperative - to take in a far greater number of children with a variety of personal strengths and weaknesses, under the umbrella of the regular school program. Except for the severely impaired, such a rationale would make what was formerly considered 'special education' an integral part of general education. Every child is 'special' and will benefit from special learning experiences which should be an integral part of his schooling".

Some educators, in their enthusiasm for this point of view, have interpreted it to mean that all special provisions (including special classes) for most types of handicapped children can be abandoned and all or nearly all handicapped children can be returned to regular classes with a standard curriculum and teaching methods and present class size. Actually, as is discussed later in this report, individualized instruction for all children requires a range of services that have not previously been provided as well as a reasonable class size and the skillful use of modern methods of teaching and equipment.

Recommendation #4, that school boards, educational administrators and teachers consider the education of emotionally disturbed and other handicapped children to be an integral part of the education provided by the school district for all its children and as part of the modern trend to fit the school experiences to each child's own unique needs by providing the necessary supportive services and school facilities that make this point of view feasible.

However, an awareness of the fact that every child is different is only part of the story. In another sense, all children are alike in that they share the general problems of stages of growth and development and they also share common physiological and psychological needs. The physiological needs for food, drink, air, temperature regulation, activity and good health, etc. are obvious and highly important but the psychological needs are also of great importance for the best development and mental health of all children.

Laycock (Ref. 81, Chap. 2) lists the psychological needs as those for:

(1) affection - to live in reciprocal warm regard with one or more human beings - i.e. to be loved and cherished;

(2) belonging - to feel a desired and desirable member of a group - home group, class group, play group, etc.;

(3) independence - reasonably to order one's own life and make one's own decisions;

(4) achievement - to do things, to make things and to accomplish jobs (school work, sports, music, art, social leadership, etc.);

(5) recognition - to feel that what one does and is, merits the approval of others especially one's peers;

(6) self-esteem - or a sense of personal worth - to feel that what one is and does comes up reasonably to one's own inner standards with a resulting good general sense of adequacy;

(7) self-realization - to be what one can be and to realize as fully as possible one's possibilities.

The above psychological needs which the emotionally disturbed child shares with all children are likely to be ones whose satisfaction has been denied such a child. Indeed, his emotional disturbance and much of his unacceptable behavior can be understood only in terms of his unacceptable attempts to find satisfaction for those of his basic psychological needs that have been thwarted.

Recommendation #5, that educational authorities who plan for the education of an emotionally disturbed child remember that he is first of all a child with the same basic psychological needs as all other children, and that the solution of the disturbed child's problems must be related to helping him to find acceptable and satisfying fulfilment of these needs.

2. Incidence of Emotionally Disturbed Children

This study did not attempt to investigate the probable percentage of school children in British Columbia schools who might be classed as emotionally disturbed in the sense of needing special help in resolving their emotional problems beyond that provided by classroom teachers who teach classes of the present size.

An investigation of the incidence of disturbed children seemed unnecessary because dozens of research studies have been carried out on this problem in Canada, the United States and Britain. The resulting percentages of emotionally disturbed children have varied from 2.2% to 49%, the most frequently quoted percentage being 7% - 8%. The results of studies vary in accordance with the criteria of emotional disturbance used by the investigator.

An additional reason for not dealing with the problem of incidence in this study is that the extent of emotional disturbance has been investigated recently (1967) in Vancouver schools by Dr. Hamish Nicol, Associate Professor of Psychiatry at the University of British Columbia. Dr. Nicol has generously made his data available for use in this study. Dr. Nicol's study, based on reports from over 80 percent of Vancouver's classroom teachers (kindergarten to grade nine) indicates that 2.0% of the pupils aged five to 14 years in the above grades were considered by their teachers to suffer from emotional disorders to the extent that they needed help beyond what the teacher was able to provide in the classroom. Another 1.6% of the children in the above grades were considered to have learning disabilities but not to be emotionally disturbed, while 4.2% of the pupils were considered to have both emotional disturbance and learning disabilities.

Earlier data on emotionally disturbed children in British Columbia were provided by Laycock (Ref. 80) in a study -- Special Educational Facilities in Canada, prepared for the First Canadian Conference on Children, (1960). The Annual Reports (1957-1958) of the Senior Medical Health Officer for the Vancouver Metropolitan Health Service showed the number of emotionally disturbed children in the schools who were diagnosed, by school medical officers in their routine examinations, as in need of further help to be 5.5 percent.

A report, Preliminary Report of the Saskatchewan Commission on Emotional and Learning Disorders in Children, issued early in 1969 gave the results of an extensive provincial survey of the incidence of emotionally disturbed children as reported by teachers of grades one to eight.

Over five percent of Saskatchewan school children were reported by the teachers to be "troublesome in class" or "quiet in class" to an extent that they required special services.

The Canadian Mental Health Association in its Brief to the Royal Commission on Health Services (Canada), 1962, stated that, as a conservative estimate, there are, at any one time, between five and ten percent of school children who show symptoms of emotional and mental disorders sufficiently serious to require the help of specially trained personnel in addition to the classroom teacher, the school nurse and the family doctor.

Since there were 306,801 children reported by the Department of Education as being in attendance in the elementary grades in public elementary schools in 1967-1968 and 160,525 boys and girls attending junior and senior secondary schools in that year, a conservative estimate of 5 percent of school children as needing special help with their emotional problems would mean that 23,366 future citizens of British Columbia attending the elementary schools and secondary schools in that year were in need of special services in resolving their emotional problems.

Recommendation #6, that, since a conservative estimate of five percent of school children have emotional problems for which they require help beyond that which the classroom teacher can furnish under present conditions, district school boards provide special educational supportive services which will enable the great majority of these children to function within the public school.

3. General Objectives in the Education of Emotionally Disturbed Children

Since, as already indicated, special education is merely one aspect of the community's responsibility to provide an adequate education for all children, it follows that the general objectives for the education of emotionally disturbed youngsters are the same as those for all the community's children. As a result, the following recommendation is made:

Recommendation #7, that the general objectives for the education of emotionally disturbed children be the same as those for all children, namely:

(1) a healthy self-concept and a sense of personal worth and adequacy;

(2) effective and satisfying interpersonal relationships with other children and with adults;

(3) school competence, not only in the basic communicating and computational skills but in the ability to think, to analyze and to solve problems and to do independent and creative work;

(4) responsible social behavior which involves respect and concern for the rights and welfare of others and of society as a whole as well as being a productive and creative member of the community;

(5) the fullest possible development of each child's capacities and potentialities and the promotion of his self-realization.

In attempting to foster a healthy self-concept in emotionally disturbed children, teachers and other educators need to realize that this is usually a very urgent need of this type of child since a large number of such children have already met with a degree of rejection and failure which has contributed to their disturbed behavior. Because of this need, attempts to rehabilitate such youngsters are likely to involve the provision of success and acceptance experiences leading to an increased sense of personal worth and adequacy which, in turn, is likely to lead to improved relationships with others. Certainly, a major characteristic of a mentally healthy person is that of feeling comfortable about himself.

Achieving effective and satisfying relationships with other children and with adults is a major objective for all children and particularly for the emotionally disturbed child since one major symptom of his disturbance is his inability to achieve such relationships. Major attention must, therefore, be given to the question of the disturbed child's relationships with his fellow-pupils and teacher.

The general objective of school competence has several implications. First of all, "going to school" is considered the normal job of a child in our society and the disturbed child needs to feel that he is a part of the educational set-up if this is at all possible. Second, the disturbed child feels less "different" from his fellows if he is doing the same kind of work as they do. Third, the emotionally disturbed child is often educationally retarded and in need of remedial teaching. Fourth, if emotionally disturbed youngsters are placed in a special class, the objective for all but the most severely disturbed children will be to return them to a regular class and in that case help must be given in school work to enable them to fit into the regular class on their return to it. Because of the above factors, remedial work by supportive personnel in such areas as reading may therefore be of crucial importance whether the disturbed child is in a regular or a special class.

This question of the extent to which a disturbed child should be expected to follow the work of a regular class does, however, create problems in dealing with him. Often, it is necessary in attempting to meet the needs and interests of the disturbed child, to modify the regular curriculum particularly if it is of a somewhat sterile type. As the school moves away from a uniform curriculum and uniform standards of achievement for all children this situation should improve. Meanwhile, the child's feelings about having a different curriculum from his fellows must be taken into account as well as his future in terms of his achievement in school as it is now organized.

Hopefully, school competence will be viewed increasingly in terms of pupil growth and development (See Ref. 21 and 96) rather than to such a degree in terms of developing basic skills and acquiring a body of knowledge. Decreasing emphasis is placed by the school on memorization of subject-content which may have little meaning for the child: rather, increased emphasis is now placed on helping the child to develop the skills of thinking, problem-solving, discovering, and experimenting in connection with problems which have meaning for and are of interest to him. Emphasis is also placed on helping the pupil to learn how to learn and to do independent study and investigation as well as to develop his creative powers in various areas of interest, including arts and crafts, music, drama and creative writing.

Bluma B. Weiner (Ref. 48, Chap. 8), in discussing the goals of teaching disordered children, translates the ordinary designation of curriculum areas to those of communication, informational agenda, behavioral tools, spatial and quantitative concepts, understandings and skills, and self-actualization.

The fourth general objective for all children -- that of developing responsible social behavior -- has always been, in some form or other, an objective of the school, whether this has been thought of in terms of "citizenship", "character development", "socialization" or in some other way. Society is interested not only in the maximum development of each individual but also necessarily to some degree at least, in developing responsible, productive and creative citizens who will contribute to the general welfare.

Finally, as indicated above, today's schools increasingly accept as their responsibility the task of helping each child to achieve the fullest possible development of his capacities and potentialities and his achievement of self-realization.

Specific Objectives in Educating Emotionally Disturbed Children

The general objectives outlined above must be translated into specific objectives for each emotionally disturbed child. As a result, the following recommendation is made:

Recommendation #8, that the teacher and other school personnel involved in the education of emotionally disturbed children set up specific objectives for teaching each disturbed child and that these objectives be based on all available diagnostic data concerning his specific physical, intellectual, emotional and social strengths and weaknesses including his own individual style of learning, his attitudes to himself and others and the degree of acceptance or rejection he is accorded by others in his home, school and community.

Obviously, effective help can be given to a disturbed child only if the teacher and specialized personnel from within and, if necessary, from without the school, are able to assess first of all the basic needs of the child which are being thwarted in his home, school and community life. Second, diagnostic data about the child must be as complete as possible. These data may need to go beyond the ordinary physical examination to include a careful study of the child's sensory equipment and his effectiveness in using it. A neurological examination by a qualified neurophysiologist may also be necessary. The child's perceptual and psychomotor abilities may need to be evaluated.

Assessment of the child's mental abilities and school achievement must go beyond the obtaining of a mental age and I. Q., and a grade-level score in reading comprehension and speed and in computational or problem-solving in arithmetic. A teacher must be well aware that two children whose individual intelligence tests give them both a mental age of ten years may exhibit a wide divergence in the abilities which add up to that mental age of ten. In the hands of a trained tester, a mental ability test should yield a great deal of information about the nature of a child's abilities, his interests and attitudes and his approach to dealing with the various subtests. The mental age and I. Q. may, therefore, be the least important piece of information obtained from an individual intelligence test.

The child's gross score on an achievement test in reading or arithmetic may be of little help to the teacher of a disturbed pupil. On the other hand, analytical, diagnostic and informal tests in the fields of reading and other areas of study may be very useful. The teacher's job is to try to understand both the strengths and weaknesses or the assets and deficits of the child she is trying to help. Unfortunately, tests of various kinds have been used largely to discover weaknesses. It is highly important that the teacher discover strengths and capitalize and build on these. Wm. G. Hollister (Ref. 17, Chap. 8) has developed the new term "strens" for experiences in an individual's life that build strength into his personality. Hollister uses the word "stren" for a more or less specific experience that can be either objectively or subjectively identified as having contributed to a particular individual's psychological growth and the emergence of new capacities.

Teachers need to use tests to discover what "strens" the disturbed pupil has acquired and to think of his deficits in terms of what "strens" can be devised to help the child make specific gains in developing his emotional and intellectual capacities.

An analytical test like the new edition of the Illinois Test of Psycholinguistic Abilities has been widely used in the diagnosis and remediation of learning disabilities. This test delineates three aspects of language: (1) the channel used in communication, e.g. auditory-vocal or visual-motor; (2) level of organization, e.g. representational level and integrational level; and (3) psycholinguistic processes such as the ability to understand, the ability to make relationships and the ability to express ideas. Graubard (Ref. 48, p. 339-342) made good use of this model in studying the communication skills of disturbed delinquents.

Diagnostic tests can be very useful in pinpointing the strengths and deficits of an individual child. For example, the Mills Learning Methods Test has been found by a University of British Columbia authority in remedial reading to be very helpful in finding out how a child learns (i.e. by audio, visual or kinesthetic methods or some combination of these). Other helpful diagnostic tests recommended were the Boyd-Clymer-Hoyt Developmental Test in Reading which gives a profile of a pupil's reading skills and the Wepman Auditory Discrimination Test. Two diagnostic tests used by the testing department of the Vancouver School Board are the Neale Analysis of Reading Ability and the Durrell Analysis of Reading Difficulties.

Many reading consultants find the use of informal reading tests more helpful than standardized tests in understanding a pupil's specific reading problems. These informal tests, used with a basal reading text, reveal the percentage, type and amount of errors a pupil makes in reading as well as his practice level, instructional level and frustration level. The tests contain questions on detail, inference and vocabulary.

Diagnostic tests in arithmetic are also helpful in locating a child's strengths and deficits in this area of school work. Examples are the Los Angeles Diagnostic

Test in Arithmetic and the Stanford Diagnostic Arithmetic Test.

A diagnostic assessment of a child's speech and hearing may also contribute to an understanding of a disturbed child's difficulties.

Tests of perceptual capacities such as those of Frostig (Developmental Test of Visual Perception) and Kephart (Purdue Perceptual Motor Survey) are often important in determining a child's strengths and deficits. Then too, some form of a simple projective test such as a sentence-completion or unfinished story test or an "I wish" test can often be used with the more moderately disturbed child to discover his feelings and attitudes.

However, in addition to the use of standardized and informal tests, the observations of the child in his class setting as made by the classroom teacher and by specialized school personnel can be of high importance. This is why it is difficult for a psychiatrist who does not see the child in his classroom and school setting to prescribe effective educational provisions for the teacher. Certainly, anecdotal records of daily observations of a child which are made by the teacher over a period of time can be of high value in understanding a disturbed child's problems.

Moreover, if the individualization of instruction is to be most effective in the education of any pupil, disturbed or otherwise, a more thorough understanding of a pupil's specific individual style of learning and his sets and attitudes towards methods of learning is necessary. This is an area which research should explore more thoroughly. For example, the director of this study has never found the use of charts in history, organizational charts or graphs of any particular value to him in learning. Rather, for the understanding of the meaning of a chart or graph he reads the verbal description which accompanies it. This is probably a distinct limitation in his learning process and would have to be taken account of in the event of his being taught material in the above forms. Another personal limitation of the director of this study is that he cannot learn a new word in French without being able to visualize it. Being taught a foreign language by the oral method would necessitate the breaking down of this method of learning. Similarly, in the case of the disturbed child, his teacher must endeavor to discover the child's attitudes and sets towards learning and the efficient and inefficient methods he uses. It may be necessary to capitalize on the former and to modify the latter.

Finally, before specific learning objectives are set up for severely and many moderately disturbed children, the school may need to have a clinical appraisal of these pupils made by a clinical psychologist or psychiatrist. The nature of a psychiatric examination of a child has been described by Dr. Marvin Shapiro in Conflict in the Classroom (Ref. 86, pp. 120-127) under the heading of appearance, interpersonal relations, capacities, content, play and fantasy, clinical impressions, prognosis, disposition and treatment.

So far, in this discussion, emphasis has been placed on emotional disturbance as a problem that arises within the child and which is disturbing to those in contact with him. Rhodes (Ref. 105) has suggested that what is called emotional disturbance is a product not only of the child's inner conflict but also of the reaction of others to his behavior. Rhodes points out that a child may be judged to be disturbed while under the direction of one teacher and appear fairly normal under another teacher. Ordinary observation reveals too that a child may exhibit disturbed behavior in the presence of his mother but not when cared for by a nursery school teacher or, for that matter, by a baby-sitter. An example of this is that of a child who seemed to have a chronic feeding problem with each meal comprising a major battle with his mother because of his refusal to eat. However, his mother was suddenly summoned to another city by the critical illness of her own mother and she appealed to her neighbor to look after the boy in her absence. The neighbor could not refuse such an emergency appeal but dreaded dealing with the problem of getting the youngster to eat. To her amazement, she had no trouble whatever. The boy ate what was given him in a completely normal fashion. After a week, the mother returned and appeared in mid-morning to get her boy. When the boy saw her in the doorway he said, "I won't eat".

The reaction of people in the disturbed child's environment is often a part of his disturbed behavior. This may be the reaction of parents, teachers or peers. In connection with the latter, Paul Graubard in his 1969 book, Children Against Schools (Ref. 48, Chap. 15) points out that many teachers try to ignore the group aspect and instead teach a class as an aggregate of individuals. This means that, while many teachers recognize that grouping is necessary for the sake of economy and for the acquisition of certain kinds of social skills by individuals, the group is not thought of as an entity and often it is handled as no more than the sum of its parts. Graubard points out that the class is usually far more than an aggregate of individuals, that, in effect, it often controls the fate of individuals within the group and that constructive, meaningful education or change cannot take place without the permission of the group. This has also been found to be true of the cottage life of a group of delinquents in residential treatment. When individuals began to move counter to the attitudes and habits of the delinquent culture, they were effectively stifled and not allowed to change. Fritz Redl long ago pointed out the power exerted by group expectations on the behavior of a pupil, in respect to whether the group assigns to an individual child the role of leader, advocate, clown, fall guy or instigator of behavior. Failure to take account of the relation of the disturbed child's behavior to his reaction to his peers and their reaction to him may give an incomplete picture of the child's basic difficulty. Sociometric tests and careful teacher observation may therefore be useful in understanding a disturbed child's problem.

The current trend to focus attention on a child's present behavior rather than on a psychodynamic approach through a study of his psychological history should not preclude a careful appraisal of the situation in which the youngster presently finds himself in his home, school and community environment.

Finally, it is necessary for the educational committee or the case conference which is determining the specific objectives in the education of an emotionally disturbed child to attempt to see the interrelationships of all the available diagnostic data so that the needs of the child as a total personality may be met rather than the mitigation of individual symptoms expressed in his behavior.

Identification of Emotionally Disturbed Children

In Recommendation #1 the general characteristics of emotionally disturbed children were described. In terms of classroom behavior, Laycock (Ref. 82, p. 149) suggests that the emotionally disturbed child is seen as exhibiting such characteristics as: excessive restlessness, refusal to conform to discipline, general lack of attention, a great deal of day-dreaming, inability to mix with others, excessive shyness, lying, stealing, cheating, truanting, temper tantrums, moodiness, unusual fearfulness, excessive nervousness, "show-off" behavior, unsatisfactory school progress, too aggressive behavior, persistent lack of effort and persistent unhappiness.

Charlotte Bühler and her colleagues in Conflict in the Classroom (Ref. 86, Chap. 2) discusses "What is a Problem?", and suggests that a problem in school disrupts the work, the desirable cooperation of the group, or the individual's ability to function adequately. She suggests that all repetitious disturbances must be interpreted as symptoms of deeper underlying causes but that a serious single disturbance may give a glimpse of severe maladjustment in a child or of a deeper disorder within the group. Moreover a child may produce a succession of different disturbances which may be different expressions of the same deep conflict or frustration in the child.

In any case, the classroom teacher is the key person in spotting a child who may need extra help. Certainly he can scarcely avoid recognizing the aggressive, acting-out child. Formerly, the shy, withdrawn child who was "seen and not heard" was overlooked or even thought to be a model child as was also the "perfectionist" child. However, today's teachers with better training in mental health now recognize that such children need help.

While the classroom teacher's everyday observation of her pupils is the first key to the screening of children who may be disturbed, serious attempts have been made to provide aids to help him in this process. One of the best known of these was developed by Eli M. Bower and Nadine Lambert in 1962 for the California State Department of Education. It consists of a set of test material for use in the kindergarten to grade 12, and is entitled A Process for In-School Screening of Children with Emotional Handicaps (Ref. 18). The test provides for teacher rating of pupils at all grade levels. Pupils in kindergarten to grade 3 have test material administered individually which gives a peer rating through "The Class Pictures" and a self-rating through "A Picture Game". For grades 3 to 7 there is a peer rating through a pencil-and-paper test -- "A Class Play" -- in which each pupil, assuming the role of director, is asked to nominate pupils from the class to assume different roles in the play. In addition, there is, for these grades, a self-rating test -- "Thinking about Yourself" in which the pupils are asked to designate whether or not they would like or not like to be similar to the boy or girl described in each item. In the same way there is a peer-rating test called "Student Survey" for grades 7 - 12 and a "Self-Test" which gives a self-rating.

This screening device of Bower and Lambert may help the teacher to confirm, reject, or raise a suspicion regarding a child's mental health and to supplement her subjective judgment in referring pupils for further study. The authors present evidence that this screening device has value in determining the degree of emotional disturbance in children. The correlation between the teachers' and peer ratings is impressive. Bower particularly favors "A Class Play" as a useful means of getting peer ratings of a pupil.

The Ottawa School Behavior Checklist (Ref. 98) is a Canadian checklist for use by classroom teachers in detecting high-risk children with emotional problems in order to refer them to the school psychologist. It is used in over 200 school systems in the United States and Canada including one school district on Vancouver Island. The authors suggest its use as a screening device for the entire grade-one population and hope soon to have norms up to grade 9 and also on groups of institutionalized "emotionally disturbed" children before and after treatment. A description of it is found in the May, 1967 issue of Exceptional Children (Ref. 100).

Whatever method of screening and referral is used, it is important that identification of emotionally disturbed children be made as early as possible, hopefully at the kindergarten or grade one level. Such early identification with resulting help might avoid the compounding of the child's emotional problems by school failure and peer rejection. As indicated on page 140, the Borough of Scarborough plans to establish a class for emotionally disturbed five-and six-year-olds in September, 1969.

Item #5 (p. 54) of the questionnaire asked the question, "When a teacher indicates to a principal that a pupil exhibits emotionally disturbed behavior, what are the next steps taken in your school district to diagnose the pupil's disability?" As indicated on page 54, the purpose of this question was to discover whether the approach to the problem of dealing with emotionally disturbed children was primarily an educational or a medical one and also to find out at what point and to what extent the various types of school personnel as well as outside health and welfare agencies were involved in the identification and diagnosis of children's emotional problems.

Unless the child is severely disturbed, it would seem wise for school districts to provide and make full use of available specialized school personnel and resources in gathering diagnostic data regarding a child who exhibits emotional problems. The teacher, the principal, the special counsellor, the school psychologist, the supervisor of special education, the school nurse, the school social worker and the director or supervisor of elementary or secondary education and the secondary school counsellor all have the opportunity to study the child in his school setting and sometimes to have direct consultation with parents, and an opportunity to observe the child in his home setting. A health examination beyond that provided by the school nurse may be indicated depending on the nature and extent of the child's problem. When the child exhibits symptoms of disturbed behavior which indicate the possible need for special services beyond what the school can provide for in regular classes, the psychiatric services of a regional mental health centre should be sought. Certainly, it is a doubtful practice for the school to hand over forthwith to the health and mental health authorities the diagnosis and handling of its disturbed children whenever difficulties arise in the classroom. Rural areas, which may not have specialized school personnel, are often tempted to do this, only to find that the regional mental health centre is too far away and its personnel so burdened with work that there must be long waiting periods before service can be obtained. In addition, the clinical personnel -- psychiatrists and psychologists -- seldom have the opportunity to observe the child in his school or home setting and are usually unable to do follow-up work except over long intervals. Moreover, child psychiatrists who have taken training and/or internship in school settings are in very short supply.

It would seem wise for school districts to make fuller use of such specialized school personnel as school psychologists, school social workers or special counsellors and, in the case of school districts who feel they cannot provide the services of such personnel, they might do well to share such services with an adjoining district. This is now being done in the province where a district superintendent administers more than one school district and there is no reason why this arrangement might not be made by any two districts.

It would seem from the replies of the districts to Item #5 of the questionnaire that the most usual line of referral in the case of children presenting emotional or behavior problems is teacher -- principal -- special counsellor -- school nurse -- school psychologist -- supervisor of special education or of elementary or secondary education -- school counsellor -- local health services -- regional mental health services.

In the light of the above discussion, the following recommendations are made:

Recommendation #9, that specific efforts be made to identify the child with emotional and behavior problems as near to the beginning of his school career as possible so that appropriate educational provisions may be made for him and remedial treatment provided where necessary.

Recommendation #10, that the identification and diagnosis of the problems of the emotionally disturbed child be carried out on a team basis, making full use of the school resources found in such school personnel as the teacher, principal, special counsellor, school nurse, school psychologist, supervisor of special education, director or supervisor of elementary or secondary instruction, school counsellor, local public health personnel and, where the child's difficulties are sufficiently serious to warrant the making of special educational provisions for him, the services of the specialized personnel from the regional mental health centre be integrated into the diagnostic team.

6. Administrative Provisions

Because the teacher's job is an exacting one and the principal's burdens are heavy and often frustrating, it is sometimes tempting to deal with the problem of a very disturbing child by excluding him from school, by shifting him to the care of an institution which does not really meet his needs, or by making educational provisions for him in the school which do not help him solve his problems. The following recommendation is, therefore, made:

Recommendation #11, that school boards, educational administrators and teachers should assume their professional responsibility to make decisions regarding the education of an emotionally disturbed child in accordance with a considered judgment of what will best meet the child's own needs and help solve his problems.

Item #9 of the questionnaire asked the question, "Is it your policy to keep an emotionally disturbed child in his regular class if it is possible to meet his needs there effectively by giving extra help to the child and his teacher?" This question received an almost unanimous affirmative reply. However, it was pointed out on page 70 that this unanimity of opinion rested partly on the lack of an alternative choice for many school districts.

(1) Regular class placement

The directors of this study strongly support the policy of keeping all exceptional (deviant) children in regular classes providing sufficient supportive services in the persons of special counsellors, school psychologists, remedial consultants and supervisors of special education and other specialized school personnel are available to the classroom teacher and the child so that the latter may receive the maximum amount of the kind of help he needs. The directors deplore the "band wagon" action of school boards who disband special classes without first making adequate provision for supportive services. In addition, if various types of exceptional children are to remain in regular classes, this is contingent on the class being small enough for the classroom teacher to handle the situation effectively. In the case of emotionally disturbed children, these pupils need a great deal of a teacher's time and unless the specialized personnel give the classroom teacher considerable help and support, the needs of the emotionally disturbed child may not be met adequately in a regular classroom.

The generally accepted principle in special education is that a handicapped child should be removed from his regular school class, his own home and his own community only to the extent that is required by his all round growth and development or his rehabilitation and treatment. The graded alternatives for an emotionally disturbed child are: (1) the child's regular class in his home school; (2) another regular class in the child's own school; (3) a regular class in another school in the district; (4) the use of an itinerant remedial teacher or behavior-consultant and other specialized personnel to help the regular class teacher and the child; (5) a partial special class, a "resource room" or a "crisis room"; (6) a special class in the child's home school; (7) a special class in another school in his own or another district; (8) a special day school for handicapped children from a wide area; (9) a special residential school which provides twenty-four hour care; and (10) the children's psychiatric ward of a general hospital.

Item #10 of the questionnaire asked whether school administrators would transfer a disturbed child from his regular class to another regular class in the same school or to another school in the district if that would give the youngster better help in solving his problems. It is a well-known principle for which there is now considerable experimental evidence that some teachers "fit" some children while other teachers "fit" other children and attempts have been made in large schools to group pupils for teachability (See Herbert A. Thelen - Classroom Grouping for Teachability, Ref. 115). To make this principle workable, teachers and principals would have to accept the fact that the principle of individual differences among pupils which is accepted in theory but not always in practice applies also to teachers and that it is no reflection on a teacher to move a pupil into or out of her room in order to provide a better "fit" for the pupil's needs.

(2) Protected class

One aspect of a regular class that is in use in the Borough of North York, Ontario is that of a "protected class" in which three or four disturbed pupils are placed in a class of 18 to 20 stable and well-motivated pupils. Adequate supportive services must, of course, be supplied to the teacher and children in such a class.

(3) Partial Special Class

Another administrative provision that may be made is that of a partial special class where the disturbed pupil takes some of his basic academic work in a special class but joins his regular class for social studies, physical education, art or music. This provision may be made at the beginning of a child's rehabilitation or it may be made as the child improves in the special class and is able to return to his regular class for part of the day. A variation of this plan is to provide a resource room or crisis room to which an emotionally disturbed child may go or be sent as is necessary.

Another provision for emotionally disturbed pupils is that of placing them in a special class which may necessitate their attending a different school than their home school.

Recommendation #12, that emotionally disturbed children remain in their regular class in school provided that they can receive adequate help in the solving of their problems through the availability of the supportive services to the child and his teacher of such specialized school personnel as special counsellors, school psychologists, remedial consultants, school social workers, etc., and where necessary, the services of health and clinical mental health personnel.

Recommendation #13, that where two to four moderately disturbed children remain in a regular class, the school administration reduce the total number in the class to twenty pupils and that the non-disturbed pupils be chosen because they are stable and well-motivated.

Recommendation #14, that school administrators adopt the policy of transferring an emotionally disturbed child from one regular class to another in the same school or in another school in the district when one teacher's personality and methods are likely to "fit" more adequately the needs of a particular child than was the case with his previous teacher.

Recommendation #15, that where it best meets the needs of the emotionally disturbed child provision be made for a partial special class or resource room where the disturbed pupil may spend part of his day and return to his regular class for certain subjects of study.

(4) Itinerant supportive teachers

Ontario has long used itinerant supportive teachers in several areas of special education -- the education of orthopedically handicapped, hard-of-hearing, visually limited, speech-handicapped, perceptually handicapped, slow-learning, and maladjusted children. These teachers are specialists in one area of special education and travel from school to school in a rural area or in a larger school system and give specific help to teachers and pupils. This enables many pupils to function in a regular class who could not otherwise do so. These teachers may be considered as special-education-teachers-at-large.

One urban system in British Columbia has been using this method of helping emotionally disturbed pupils in lieu of having a special class. The itinerant teacher has special training in dealing with the emotionally disturbed and may be considered a therapeutic teacher.

Recommendation #16, that school boards consider the possibility of using the services of an itinerant supportive teacher who has special training in the field of emotionally disturbed children and that, where necessary, two or more school districts share the services of such a teacher.

(5) Learning-assistance and remedial teachers

One method of meeting the needs of emotionally disturbed and other pupils in connection with their school work is the general provision in one urban system of learning assistance centres located in its larger schools. Here the services of trained remedial teachers are available Other school districts employ the services of itinerant remedial teachers of reading and speech and these can help to serve the needs of emotionally disturbed youngsters who need special help in these areas of their development.

One suburban school district has appointed a specially selected and successful teacher to the staff of each of its larger elementary schools. If these have no special training in remedial work they will be essentially helping teachers who provide individual attention to many types of pupils who are having problems with their school work and who can profit by the use of regular methods of teaching in the hands of a skilled teacher. However, if such helping teachers are professionally competent people, they may find that there is a great deal of special knowledge and special skills involved in remedial work with several types of pupils including the emotionally disturbed and they are likely to seek special training in order to help these children. The training of remedial and learning assistance teachers is discussed on pages 239 and 240.

Recommendation #17, that, as one possible method of helping both emotionally disturbed and other types of pupils who have learning disabilities in the area of school work, school boards consider the appointment of remedial teachers of reading and speech, and that this is especially important if the school board has the policy of providing for emotionally disturbed children in regular classes.

(6) Special Classes

School authorities, in deciding how best to help emotionally disturbed children need to be flexible in making administrative provisions for meeting the needs of these pupils. As indicated on page 160, there has been a recent trend to abandon the idea of providing special classes in schools. This trend may be due to the possible overuse of special classes as "dumping grounds" for troublesome pupils or to undue fear of harmful effects of labelling pupils or to concern over the difficulty of returning pupils to their regular class following a period in a special class. In addition, administrators may be concerned about the expense of providing special classes for disturbed children. This expense is due to the small number of disturbed pupils who can be managed in one special class. The need of these pupils for individualized instruction and attention is very great. Most educational authorities consider that the limit of the number of moderately disturbed children in a special class is six to eight pupils. Even in a class of this size, the teacher may need the assistance of a teacher-aide. For example, in three of the special classes for emotionally disturbed which were visited in this study, the enrolment was seven, six and six and in each case the teacher had the assistance of a paid teacher-aide.

The practice in centres outside British Columbia is somewhat similar to the above. In Etobicoke (Ont.) there are six special classes for the disturbed with ten pupils and two teachers for each class. In North York (Ont.) there are six special classes with a maximum of eight children per class. Two special classes are placed in one school in adjoining rooms with communicating doors so that one teacher may help the other when necessary. In Scarborough (Ont.) there are 12 classes with 18 teachers, six being "swing" teachers who help in emergencies and as necessary at other times. Scarborough has been able to return 75 percent of its special class pupils to their regular classes. Ottawa has ten special classes for the disturbed with a maximum of eight pupils per class and extensive use of volunteer aides. Hamilton (Ont.) has nine classes with the number of pupils in each varying from three to eight in accordance with the severity of their disturbance. London (Ont.) has four special classes serving 27 children and makes very effective use of volunteer aides.

Those school administrators who are concerned with the cost of providing small classes for disturbed youngsters are likely to forget that the cost of such special classes is very much less than is the placement of these children in residential treatment centres. Data on special placements from the Child Welfare Division of the Department of Social Welfare in British Columbia indicate that, as of January, 1969, the cost of 175 disturbed pupils in residential treatment centres was $28 to $30 per day per pupil and for another 45 boys the cost was $24 per day per child. The cost of caring for seriously disturbed children in psychiatric wards of a hospital would, of course, be considerably higher than that of the figures quoted above. In January, 1969, there were 220 disturbed children in special placement and well over 200 children on the waiting list needing such placement.

In addition to the residential treatment centres mentioned above, there are a number of private and government institutions which provide a less intensive treatment program but which contain many boys and girls with definite emotional problems. The Child Welfare Division also places many children from inadequate homes in group homes or foster homes from which they may attend school either in a regular or a special class.

The question of whether there should or should not be special classes for the emotionally disturbed pupils should, of course, be determined by the needs of the children concerned and the resources available for meeting these needs. However, those who consider that there are only two choices, namely, either to leave a disturbed child in his regular class (with or without adequate supportive services) or to send him to a residential treatment centre under health or welfare auspices, are being unrealistic. They overlook the possibility that, for some disturbed children, there is needed an intermediate facility in the school which a special class might well provide.

An alternative solution to a special class was worked out by one British Columbia school district when it disbanded its special class for emotionally disturbed children. The teacher of the class who has had special training in dealing with disturbed youngsters became an itinerant consultant teacher or special-education-teacher-at-large. He visits his former (and other) disturbed pupils in their regular schools, taking them out of class for longer or shorter periods and helping them with their school work or their adjustment problems. Where such a method is used, the itinerant consultant teacher must be more than a "helping teacher" or "remedial consultant in learning disabilities". Rather, he must have the personal qualities and training required of a special class teacher or a "therapeutic tutor".

Recommendation #18, that school boards, in their attempt to meet the needs of emotionally disturbed pupils, organize special classes for those moderately disturbed children whose educational needs cannot be met effectively in a regular class by the provision of adequate supportive services but whose needs can be met more adequately by remaining in the normal setting of the community's school than through being placed in a residential treatment centre under welfare or health auspices.

Where one school district is unable to provide a special class or other special services for emotionally disturbed children and a neighboring school district does provide such services, and where suitable provision can be made for transporting the child, arrangements could be made for the child to attend a special class in the neighboring district, with the school board of the child's home district paying the costs for such service. This principle has already been accepted by the school boards of the Metropolitan area of Vancouver in the case of special classes for some types of handicapped children and should be further explored when the needs of a disturbed child or children can be best met by this plan of cooperation.

Recommendation #19, that, where one school district provides special class services for emotionally disturbed children and a neighboring district is unable to provide such services, the latter district should consider the feasibility, if suitable provisions for transportation can be made, of arranging that its disturbed pupils attend the class already set up in the neighboring district and pay the costs of such service.

One of the current provisions for emotionally disturbed children is that of placing them in Special Learning Disabilities Classes which may include pupils with reading or arithmetic disabilities, or perceptual or other handicaps. This is a doubtful procedure. In the first place, the teacher is unlikely to be equally skilled in and equally trained for dealing with a variety of disabilities. A remedial reading teacher, if she really has equipped herself in this field is unlikely to have had equal training in meeting the needs of the emotionally disturbed and the reverse is likely to be true. Then, too, the class in learning disabilities is usually larger than a special class for disturbed youngsters and the latter may not get the amount of attention they require.

In one school district in the province there is a special remedial class of ten boys of primary grade age, three of whom were considered to suffer from primary emotional disturbance. In the teacher's opinion, the rest of the boys were having a good influence on the disturbed ones. The principal, on the other hand, felt that the disturbed children should be placed elsewhere because they inhibited the progress of the more normal members of the class.

An even more questionable practice is that of putting disturbing and disturbed children in special classes for slow learners (educable retarded). The class is likely to be too large and both groups are likely to suffer from inadequate attention to their specific needs. During the course of this study, the directors came to feel that the practice of putting disturbed children in a slow-learner (educable retarded) class or even in a trainable retarded class or school was not uncommon in the province. This is understandable in the case of the smaller centres where it is difficult to provide for special class pupils. However, there is never justification for using a special learning-disabilities class or a slow-learner class as a dumping ground for disturbed children. As indicated previously, each child is "special" and his own unique needs must be considered when he is placed in any group in school. Only when a child's needs can best be met by such placement is it wise to place a disturbed child in a slow-learner or heterogeneous learning-disabilities class.

Recommendation #20, that no disturbed child should be placed in any type of special class, whether one organized exclusively for the emotionally disturbed, a learning-disabilities class, or a class for slow-learners without a complete diagnosis including an individual psychological assessment.

Occasionally, school administrators, specialized school personnel and teachers shirk their professional educational responsibility and allow clinical and other personnel who are unacquainted with the child's school setting to decide on the educational placement of a disturbed child. This is not sound professional practice. The following recommendation is, therefore, made:

Recommendation #21, that the decision as to a disturbed child's educational placement be made at an educational conference which includes the school administrator, specialized school personnel, teachers, and, where necessary, clinical personnel from outside the school.

Data as to the size of special classes in British Columbia and in other parts of Canada were presented on page 181. The following recommendation on this point is made:

Recommendation #22, that the size of a special class for the emotionally disturbed be limited to six to eight pupils in accordance with the severity of the disturbance of the children concerned and on whether or not the services of a teacher-aide are provided.

Since the presence of two or more highly aggressive children in one class may create an impossible situation for the teacher and injure the effectiveness of the class as a whole, care must be taken in choosing which disturbed pupils are included in a particular special class.

Recommendation #23, that, in selecting individual pupils for a particular special class, consideration be given as to which disturbed children can function in the class group without limiting or destroying its effectiveness.

Considerable attention has been given to the kind of classroom and class equipment suitable for a special class of emotionally disturbed children. In most cases, a classroom of regulation size is used so that each child may have more individual space. Tables and chairs usually replace desks. Most classrooms have carrels along the walls which the child uses as "a private office" when he wishes to retire and be by himself. In some cases, provision is made for the partitioning of a section of the classroom to which the child can go for a quiet time or movable partitions may temporarily give a child seclusion at his own table.

The Ontario Department of Education has issued a thirty-three page bulletin, Special Education Facilities (Ref. 97) which gives detailed suggestions concerning the kinds of classrooms suitable for mildly, moderately and severely disturbed children.

A controversial point is the degree to which stimuli in a classroom for disturbed children should be reduced. If the class includes neurologically impaired children, considerable reduction of stimuli may be made. Visual stimuli such as pictures and wall decorations are frequently reduced or removed, although samples of the pupil's work may be displayed. Auditory stimuli from bells or buzzers are usually eliminated. In visits made to emotionally disturbed classes a wide range of practices as to elimination of stimuli was observed.

Recommendation #24, that the principle determining the kind and size of the classroom used for disturbed children as well as the nature of the classroom equipment such as the presence or absence of stimulation and the provision of carrels as "private offices", be determined by the general type of disturbed child to be served by the class and by the needs of the children who are currently members of the class.

Recommendation #25, that, where special classes for disturbed children are organized, it is advisable, where possible to have a primary class for children aged five to nine years and an intermediate class for children aged nine to twelve or thirteen years.

For a discussion of what the name of a special class for disturbed children should be, see subsection (7) below and particularly Recommendation #28 (p. 188).

(7) Status of special classes and services

Where a special class or special services are provided for disturbed children (or any type of handicapped youngsters) some way of designating the class is inevitable. Giving a class a label runs the risk of stigmatizing its pupils. Whether it does so or not depends primarily on the basic attitudes of the principal and regular classroom teachers, and secondly on the attitudes of the pupils in the regular classes. The matter of a stigma or no stigma also depends on the basic philosophy of the district superintendent, the members of the school board and of the community as a whole. In any case the attitudes of others are likely to affect very definitely how a disturbed child feels about himself - his self-concept.

There is considerable evidence that, if the school board members, the district superintendent, the principals and classroom teachers in a district express by both their verbal and non-verbal behavior the attitudes and respect for exceptional pupils as expressed in Recommendations #4 and #5, the problem of adverse pupil and community attitudes can be solved. The following recommendations are made:

Recommendation #26, that in organizing any form of special services for emotionally disturbed pupils, school boards, educational administrators, specialized school personnel, and regular classroom teachers make a sufficient study of the needs of such children as to be able to accept these youngsters first of all as children whose unique characteristics require a special adaptation of administrative provisions and methods of teaching to provide effectively for their growth and development.

Recommendation #27, that principals and school staff provide, through the expression of their own attitudes, definite leadership to the pupils of a school in developing a genuine respect for the personal worth and human dignity of children who deviate from the average, whether these youngsters are in a special class or not, to the end that normal pupils may view such children as merely needing different educational provisions in much the same way that pupils of the same age require different sizes of shoes, shirts or dresses.

Recommendation #28, that in view of the possible effects of labelling children, special classes for disturbed children (as for all types of handicapped pupils) be regularly referred to in the school by the name of their teachers, e.g. "Mrs. Jones' class", but that, for professional educators within and without the school, such classes be designated either as a "Special Class for Emotionally Disturbed Children" or "Special Learning Assistance Class - Behavioral".

Professional educators will need to give active leadership, in developing in the public, the point of view of education as promoting the growth and development of each child in school in terms of meeting the youngster's own needs through successful continuous progress in school. That public attitudes towards handicapped children can be changed is evidenced by the great strides made during the last fifteen years by the Canadian Association for Retarded Children, towards public acceptance of mentally retarded children as individuals who, in their own right, are entitled to society's respect and the opportunity to achieve their own potential.

Recommendation #29, that educators give active leadership in cooperation with organizations such as the Canadian Mental Health Association, and other bodies, in developing in the public, the acceptance of children with emotional problems as youngsters who require special educational provisions and special methods of teaching to meet their needs.

(8) Special Provisions for Disturbed Adolescents

The problem of meeting the needs of disturbed adolescents is a very difficult one to solve. Because of the great effect on adolescents of feeling different from their peers, it is highly doubtful that special classes for disturbed teen-agers can be successfully organized in secondary schools as a part of the regular administrative set-up of the school. No example of a special class for disturbed adolescents was found in the survey of British Columbia schools. However, a suggestion was made to the directors that consideration be given to the setting-up, for moderately disturbed adolescents, of portable classrooms attached to secondary schools but not conforming to their regular administrative regulations.

In such classrooms, there would be smaller classes, a more flexible curriculum, teachers trained in understanding troubled adolescents and considerable use of group guidance sessions. The use of the latter in junior secondary schools in one suburban area in the province appears to be effective. These group sessions are conducted by a psychiatric social worker who gives practically full time to the holding of group sessions with adolescents who have problems of underachievement and various emotional difficulties.

Recommendation #30, that special classes for disturbed adolescents be not organized in secondary schools except in specially planned situations but that emphasis be placed on providing a sufficient number of school counsellors who have had adequate training for counselling adolescents with emotional problems and that such counsellors be relieved of routine duties so that they can fulfill this role.

Recommendation #31, that secondary school counsellors have available the consultant services of well-trained special counsellors, school psychologists, or school social workers who visit the school on a regular schedule and also that, when required for the more serious problems, the consultant services of psychiatric personnel should be available.

Recommendation #32, that provision be made in junior secondary schools for the services of a psychiatric social worker, school psychologist or well-trained special counsellor who will conduct group sessions which will help teen-agers to work through many of their emotional difficulties.

A major key to a successful approach to helping disturbed and disturbing adolescents lies in the attitudes of the secondary school principal and in whether he has a mental health approach to teen-agers who present problems of underachievement or acting-out behavior. Since a school is unlikely to be much better than its principal, it is essential that the secondary school principal have some special training in the mental health point of view. If that case, he is likely to select counsellors who have sufficient training to deal with the major portion of the pupils' personal problems and will see to it that they have the time to fulfill this role. The principal's attitude will also largely determine the extent to which effective use is made of available consultant services.

Recommendation #33, that, because of the key role of secondary school principals in the effective implementation of any policy affecting the services for adolescents with a variety of emotional problems and degrees of emotional disturbance, workshops be organized at regular intervals where these administrators may meet with selected trained personnel in the fields of social work, psychology and psychiatry to discuss how best to help troubled adolescents.

(9) Relationships with Parents

Aside from whether an emotionally disturbed child has an organic basis for his disturbance or whether his early childhood and past experiences in his home have contributed to that disturbance, the school and others who try to help the youngster resolve his emotional problems, must necessarily be concerned with the effects of the child's present home life on his attempts to handle his difficulties. Certainly, the nature of the child-rearing practices of the disturbed child's parents and their attitudes to the child and to one another as well as the general emotional climate of the home, have a well-recognized influence on all children but particularly on the child who is already emotionally disturbed.

In the matter of home-school and parent-teacher cooperation, one never starts from scratch. All teachers have had parents and all parents have had teachers. The quality of cooperation between parents and teachers, therefore, is likely to be colored by their early childhood experiences. What then should the school strive for in terms of cooperation with the parents of disturbed pupils?

In the conduct of this study, several different attitudes to school-parent cooperation were found. At one extreme were those educators who felt that parents were a lost cause and should be avoided if possible. They felt that the school should ignore the parent in its efforts to help the disturbed child. Other school personnel felt that the parents of the disturbed child should be kept informed of the steps being taken for the youngster's rehabilitation and, where necessary, their consent and cooperation obtained. However, this group felt that the school does not have available the social work or mental health services to enable it to modify parents' attitudes and practices.

A third group of school personnel believed that the school should attempt, through conferences with parents at the school or through visits to the home by the teacher, the school nurse, the school social worker or the district special counsellor, to help parents to provide more acceptance and understanding to their emotionally disturbed child. They felt that helpful suggestions might be made to parents that would lead to decreased pressure on the child for unattainable achievement in school work, to an increase in praise for the child's strengths in his behavior, to less nagging because of his weaknesses, and to more positive acceptance of the child as a worthwhile person. This group felt that most parents are anxious to do their best and willing to cooperate and that if they are not too disturbed themselves, they can benefit from suggestions which will help them to modify their treatment of their disturbed child.

Finally, some school personnel believed that parents should be encouraged, or required, to take an active part in the child's rehabilitation by coming to the school for conferences at regular intervals. Indeed, one school district suggested that both parents be required to come to the school once a week as a requirement if the school was to provide special services for their disturbed child. This latter requirement may be possible for private clinics but is not possible for a school which is duty bound to do its best to meet the needs of all children whether or not the parents actively participate in the educational or rehabilitative process.

Parents and teachers inevitably are partners in all aspects of a child's development, including his intellectual as well as his emotional and social development. For example, the parents' general attitudes to education, schools and teachers, to the value of the various school subjects of study and to the use of certain methods in teaching can powerfully affect a child's academic learning in school. So can parental attitudes to their child's present teacher, and when it comes to a child's own self-concept - his sense of security and adequacy - powerfully affect his relationship to his peers and teachers and also his success in learning in school. The quality of a child's self-concept is, of course, greatly affected by his parents' attitudes towards him and their way of handling him.

It would seem, therefore, that, for the disturbed child's sake and for the school's own success in doing its best job in helping the youngster, school personnel must seek the active cooperation of parents through whatever means are available - conferences at the school and visits to the home or by assisting parents to get professional help through social agencies, mental health clinics or private psychiatrists.

The following recommendations are made:

Recommendation #34, that, whether a disturbed childs' emotional problems have an organic basis or are rooted in his early environmental experiences, the school, because of the inevitable partnership of parents and teachers in the emotional and intellectual development of all its pupils, has no choice but to seek both the understanding and active cooperation of the disturbed child's parents in its attempts to help the youngster to solve his emotional problems, and that such cooperation be sought on the basis of respect for the parents even if the latter exhibit disturbed behavior themselves.

Recommendation #35, that in seeking the cooperation of an emotionally disturbed child's parents, the school make full use of conferences at the school with specialized personnel, visits to the home by such of its staff members as the school nurse, the special counsellor, or the school social worker and that it help the parents, where necessary, to utilize the services of social agencies, mental health personnel and private psychiatrists.

(10) Relationship of the Public Schools to Special Residential Schools and Treatment Centres for Emotionally Disturbed Children.

At the beginning of Part Three of this report, a guiding principle was suggested to district school boards that emotionally disturbed children should be removed from their regular class only to the extent required for the adequate meeting of their needs for education and treatment. Keeping a disturbed child in his regular class was considered desirable, if (an important if) sufficient specialized supportive services could be provided to meet his needs. However, when such services are not available or do not meet the needs of the child, other administrative provisions may be needed such as resource rooms, protected classes, partial special classes, or special classes. However, the more severely disturbed children may need more specialized care and treatment than can be provided in the public schools even when supportive school personnel are available and special administrative provisions made for helping these children to solve their emotional problems.

Whenever a disturbed child is transferred from his public school to a residential school or treatment centre or when he is returned to a public school after a period of education and training in such a special school or treatment centre, there is need for a close partnership between the transferring and receiving institutions whether the latter be private or government sponsored institutions. First of all, there is the direct help which the receiving and transferring institutions can be to one another in helping each other to understand the child and his needs. Second, there is the direct help each can give the other in assisting in the rehabilitation of the disturbed child.

There is already a fairly well established practice for residential schools and treatment centres for disturbed children to send out to the nearest public school those children or adolescents who are ready for that experience but not yet ready to return to their own homes. One example of this practice is the Esther Irwin Home operated by the Children's Foundation, Vancouver, but it is true of many other private and government residential schools and treatment centres in British Columbia in which children with emotional problems are placed by the Department of Social Welfare.

Other parts of Canada can furnish similar examples of this practice. On page 141 there is described the situation in the Adolescent Unit of Hamilton Psychiatric Hospital where one group of adolescents live in the Unit but go out daily to attend a neighboring public school. In London (Ont.), the London Board of Education, which provides and supervises the teachers at the Madame Vanier Children's Centre and the Salvation Army's Children's Village works in reciprocal cooperation with these private institutions. Where these centres wish to try out a child to see if he can fit in the public school before he returns, the Board of Education provides this service. In return, these institutions accept pupils for residential services for a period of time. A similar reciprocal arrangement is in effect with the Ontario Children's Psychiatric Institute in London, although the teachers there are provincial and not school board appointees. One of the counsellors from the London School Board's Education Clinic has a specific assignment to maintain a close liaison between the above three institutions and the public schools.

Many other examples are available. For example, the Ranch-Ehrlo Society -- a private citizens' organization at Regina, Saskatchewan -- uses the Regina public and separate schools when its disturbed boys are ready for this experience. In Moose Jaw, Saskatchewan, arrangements are made for children and adolescents from Brown Camps to attend the city schools when this is thought to be in the interests of these youngsters.

In any case, it is important that close cooperation be maintained between the public schools and those public or private institutions which receive disturbed children for education or treatment. An excellent way in which this partnership is carried out by the Edmonton (Alta.) School Board, is discussed in the following subsection.

The following recommendations are made:

Recommendation #36, that, where a child is transferred to or from a public school, to a public or private residential school or treatment centre, close cooperation be established between the transferring and receiving school or centre so that there may be an adequate sharing of experience and knowledge of the needs of the child and a sense of shared team work in promoting his long-range development.

Recommendation #37, that, where it is decided that the education and treatment of emotionally disturbed children can best be furthered in a residential school or treatment centre, district school boards work cooperatively with such schools or centres, whether public or private, by receiving into their schools on a trial basis those pupils whom the centres believe are ready for this aspect of normal living but are not yet ready to leave the residential school or centre, and that, in turn, the residential centres be asked to receive those pupils from the public schools who might profit from a period of time in a residential setting.

(11) Relationships of the Public School to Health, Mental Health and Welfare Services

In dealing with the emotionally disturbed school child the relative roles of school personnel and mental health clinical personnel in rehabilitating this type of child are not always clearly defined and, if cooperation in the interests of disturbed youngsters is to be effective, the problem should be faced frankly by both groups.

In the first place, the line of demarcation between the roles of the educator and the psychiatrist and other clinical personnel has grown more and more thin. The school is rapidly moving away from thinking that the function of teachers is essentially that of teaching "the 3 R's" and of inculcating knowledge. The report of the Commission on Education of the British Columbia Teachers' Federation (Ref. 21) reveals the extent to which professional teachers regard their primary job as that of promoting the all round growth and development of their pupils. Concern is increasingly expressed that the resources of the school be used to develop pupils who, in mental health terms, "feel comfortable about themselves, feel right towards others and are able reasonably to meet the demands of life". The objectives of the school for all children, discussed on pages 164 to 166 include, in addition to school competence, the development of a healthy self-concept, effective and satisfying interpersonal relationships, responsible social behavior and self-actualization. The statement that "mental health is no concern of teachers" is unrealistic. Teachers have always affected the mental health of pupils for good or ill. Today, however, teachers are more conscious of their responsibility in this regard and are increasingly aware of the extent to which administrative devices, school curricula and methods of teaching affect the mental health of pupils.

Even where teachers take a traditional view of learning as drill and memorization, their effectiveness in achieving these objectives is directly affected by how the child feels about himself, how he and his peers react to one another and how he and his teacher relate to each other. School achievement, conceived in any terms, is greatly affected by the degree of the appropriate emotional maturity of the pupil.

On the other hand, the current emphasis in psychotherapy has shifted very considerably from the long process of psychoanalysis and other forms of psychotherapeutic treatment and from an intense emphasis on a psychodynamic approach to a child's problems in terms of his past history. Today's emphasis is on understanding and dealing with the child's current problems in behavior and on the child's present inner problems and the home, school and community setting in which the youngster presently finds himself. This has led to mental health clinical personnel entering extensively into the field of learning disabilities -- a field that many educators feel is largely within their particular field of competence.

Actually, psychotherapy in its various aspects (including psychoanalysis) is viewed by many as essentially a learning process in which a re-education of an individual's emotional responses and his attitudes takes place. In this sense, psychiatrists, psychiatric social workers and psychologists are teachers, using techniques that may differ somewhat from that of the classroom teacher, but which are still educational techniques.

The question of the relative roles of various school personnel and mental health clinic personnel becomes one of the kind and degree of help a disturbed child needs and in what setting this help can best be given.

It is usually conceded that the competence of school personnel (the principal, classroom teachers and specialized school personnel) should include the ability to deal with the milder emotional problems of children in the school and, that dealing with the problems of seriously disturbed children lies within the competence of the psychiatrist, the psychiatric social worker and the clinical psychologist. However, there remains the educational "no man's land" of the moderately disturbed pupils where both educators and

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clinical personnel are likely to have different views about school or other provisions for these children. As a result there has frequently been a lack of effective cooperation between the two groups.

The setting in which moderately disturbed children can best be helped is sometimes also a basis for disagreement. Educators increasingly believe that, where it is possible for a child's needs to be met in an adequate fashion in the school through the help of special supportive personnel, the child should remain in the school setting. On the other hand, some psychiatric personnel believe that special services that cannot be provided for a disturbed child in a regular classroom setting should be carried out under psychiatric auspices in a day or residential treatment centre. This is sometimes seen as applying to special classes.

There are differing views as to where a school child can best be given help. Many educators feel that is is desirable, where necessary, for help to be given in the school setting by psychiatric personnel who are able to observe the child in his school surroundings and who can take part in the educational conference of school personnel which makes the decision as to appropriate educational provisions for the child. Clinical personnel may, however, prefer to treat the child in the clinic setting with no first-hand observation of his school behavior or relationships.

It is desirable that there be a high quality of partnership between educators and psychiatric personnel. The basis of such cooperation must rest on mutual respect for each other's professional competence, acceptance of each other as partners and a willingness to consider each other's point of view.

The following two basic principles should govern decisions as to the education and treatment of the disturbed child: (1) the child's long-range needs must have priority over all other considerations and (2) each discipline in the partnership should take major responsibility in its own major field of competence, calling in the other disciplines for help where their special competence is required.

This would mean that decisions regarding the educational services provided for the disturbed child should be made by an educational committee of the school or district concerned, with clinical personnel having an advisory role. Where the child is sufficiently seriously disturbed as to become a medical problem requiring removal to a residential treatment centre, the psychiatric personnel should decide on treatment with the educational authorities providing for the child's educational needs.

The general principle that a child should remain in his regular school setting if, through special supportive services and special classes, his needs can be met there in adequate fashion is a sound one. There would, for example, be no justification for removal of a child to a medical day-treatment facility for education in a special class unless very definite additional psychiatric services needed by the child were provided which could not be provided in the more normal setting of the school. Experimental investigations and research should be carried out in whichever setting a child is placed - educational or medical.

A satisfactory arrangement seems to have been worked out by the Edmonton Public School Board in partnership with the provincial and city Departments of Health and Welfare. The education of disturbed children in such treatment centres as the child psychiatry unit of the University Hospital, the Glenrose Hospital School for Emotionally and Physically Handicapped Children, the Diagnostic and Treatment Centre of the Department of Welfare and the Detention home is under the direction of the Special Education Department of the school board which selects and supervises the teachers in such institutions. The teachers remain members of the Edmonton school staff, and are paid by the Public School Board which recovers their salaries from the Departments of Health and Welfare. The teachers can make use of the help of the Education Clinic, of the Audio-Visual and other resources of the Edmonton school system.

In view of the discussion in this subsection, the following recommendations are made:

Recommendation #38, that, since the roles of educational, clinical and welfare personnel in the education of, care and treatment of emotionally disturbed children often overlap and are not always clearly defined and since this situation may result in misunderstandings and lack of effective cooperation, steps be taken at the provincial and district levels to work out principles which can be the basis of effective partnership among the professional groups concerned and that, providing for the highest all round growth and development of the emotionally disturbed child, be the criterion on which such principles are based.

Recommendation #39, that, where it is not possible to provide adequately for the needs of some emotionally disturbed children in the school, these youngsters be placed in a residential treatment centre with their educational needs provided for by the school district in which the centre is located with such financial help from the provincial government as may be required.

(12) Follow-Up Services for Disturbed Children

When an emotionally disturbed child is transferred to or from a special class in his own school or to one in another school and when a child is transferred to or from a residential treatment centre, it is important that there be provided adequate follow-up services to help the child in making a good adjustment to his new situation.

(a) Transferring a child to a special class. When a disturbed child is transferred to a special class in his own school, it is usually helpful if his regular class teacher is given the opportunity to visit the special class in order to show her continuing interest in him and to observe the techniques made possible by a much smaller class and by the special facilities that have been provided. When a child is transferred to a special class in another school, it would be helpful if the principal as well as the teacher of his regular school could visit the child in his special class for the reasons stated above.

(b) Transferring a child from a special class to a regular class. When it is decided that a disturbed child in a special class is ready to return to a regular classroom, it is desirable to do this in stages, and for a part of the day only. In any case, in adjusting to the larger class of normal children, it is advisable that the disturbed pupil and his new teacher have follow-up services from some member or members of the specialized personnel who have been helping the child - the special counsellor, the school psychologist, the school nurse, or the school social worker. In addition, follow-up visits by the principal and the special class teacher are likely to be helpful to the pupil and his teacher.

(c) Transferring a child to or from a public school to or from a special day school or residential treatment centre. When a disturbed pupil is transferred from a public school to a day or residential treatment centre, it is usually helpful to the child and to the centre receiving him to have a personal visit from the child's former teacher and principal. A knowledge of the setting from which the child comes should be helpful to those who now have the responsibility for his treatment.

When a child is returned to a public school from any type of treatment centre a definite attempt should be made by the transferring institution to communicate with the principal or specialized school personnel of the school to which the child is sent. Information as to the child's strengths and deficits, his emotional problems and the methods used in his treatment should be of value to the school that receives him. If possible, a social worker or representative of the treatment institution should visit the school to which the child is transferred in order to interpret the child's unique needs and problems.

The above points are stressed because information gathered in the study indicated that the liaison between the transferring and the receiving school or centre was often very inadequate.

(d) When an emotionally disturbed child leaves school. If a school-age child leaves school, it is the responsibility of the district school board to provide him with educational services by a visiting teacher or by what other means are possible. If the child is beyond school age, efforts must be made to prepare him for a job, to help him to get one, and to assist him in making a success of it. Any other plan may mean a waste of the time and effort made by the school's specialized personnel. Certainly, no child with problems of adjustment should be cast adrift to sink or swim without help. This follow-up should be carried out by the appropriate member of the school team -- teacher, principal, special counsellor, secondary school counsellor, public health nurse or school social worker.

Recommendation #40, that when a disturbed child is transferred from a regular class to a special class, provision be made for his teacher and principal to visit the special class in order to reassure the child of their continuing interest, as well as to observe the teaching techniques used and the special facilities provided.

Recommendation #41, that, when a disturbed child is transferred from a special class to a regular class, this transfer be carefully prepared for and, if possible, be carried out in stages through attendance in a regular classroom for a part of the day only and that, when the transfer is effected, the specialized supportive personnel, who have been helping the child and his teacher, give continuing help, as is necessary, to the child in his new environment and to the regular classroom teacher to whose class he is transferred, and that where possible the special class teacher have the opportunity for some continuing contact with the pupil and his new teacher.

Recommendation #42, that when an emotionally disturbed child is transferred from a public school to a day or residential treatment centre, the school cooperate fully with the treatment centre in providing full information as to the child's strengths and deficits, and that, as far as is practicable, the school keep in continuing communication with the child and the treatment centre both for the child's sake and for learning about the methods being used in rehabilitating him.

Recommendation #43, that when a disturbed child who has been under treatment in a residential institution is sent to a neighboring public school, this be done, at first, on a trial basis, for part of the day and that, when a disturbed child is returned to his regular school, a social worker or other personnel from the treatment centre visit the receiving school to give help to the principal and the classroom teacher by acquainting them with the child's strengths and problems, and the methods which the treatment institutions found most helpful in rehabilitating the child.

Recommendation #44, that, where a disturbed adolescent who is beyond school-age leaves school, every effort be made by the school to prepare him for a job and to help him to find one and to make a success of it and that specific follow-up services be maintained by whichever member of the school staff can best help in adjusting the child to a job and to normal living.

7. Educational Provisions for Emotionally Disturbed Children

The previous subsection discussed the general administrative devices which a school system can use to promote the rehabilitation of emotionally disturbed children. This subsection deals with the direct help which can be given to the disturbed pupil in the classroom by his teacher and supportive school and clinical personnel.

(1) The key role of the teacher

In the case of the education of any child in the school, the classroom teacher carries the ball. All other personnel involved in education are, in a sense, supportive to the teacher in the classroom. This is true of the provincial Department of Education officials, the faculty members of teacher-education departments, the district superintendents of schools, the members of school boards, the principals of schools as well as of teacher aides, and such specialized school personnel as special counsellors, school psychologists, school counsellors, school nurse, remedial consultants and school social workers and health and clinical personnel from outside the school.

What kind of teacher is likely to be successful with emotionally disturbed children? In the course of the study this question was raised with a large number of educational administrators both from within and outside British Columbia.

While few of those responsible for the education of disturbed children questioned the importance of special training for the teacher of children with emotional problems, there was very general agreement that this special training needed to be superimposed on certain essential personal qualities, attitudes and experience. Most administrators emphasize the need for a teacher who is reasonably stable and emotionally mature with a strong self-concept. In other words she should be what one administrator called "unflappable" when faced with acting-out children, personal hostility to herself, or a crisis situation in the classroom. She should like children, respect them and enjoy being with them. She should be able to work with children and parents without being unduly emotional or oversentimental. A sense of humor is a great asset as is a sense of awareness which includes the ability to observe with understanding.

Cruickshank, Junkala and Paul (Ref. 31), in an experiment in training teachers of brain-injured children listed the following desirable qualities for those seeking training in this field:

(i) Successful in small group instruction,

(ii) Skilled in one-to-one teaching situations,

(iii) Much patience,

(iv) Experimental point of view and willingness to try new methods,

(v) Acceptant of slow progress of children,

(vi) Able to establish warm relationships between self and children,

(vii) Comfortable in a structured teaching situation,

(viii) Verbal to the point where he or she can maintain strong relationships with representatives of related disciplines.

Several administrators stated that successful teaching experience in the elementary grades was desirable. A discussion of the training program for teachers of disturbed children is found on page 231.

Recommendation #45, that great care be taken in the selection of teachers for emotionally disturbed children and that, in such selection, such personal qualities and characteristics as emotional maturity and stability, patience and a sense of humor, as well as a liking and respect for children and the ability to establish warm relations with them be given high priority, with special training in the teaching of the disturbed regarded as a means of making such personal qualities and characteristics maximally effective.

(2) The role of supportive personnel

If the teacher has emotionally disturbed pupils in a regular or special class, she is likely to need the help of supportive personnel. The following recommendation is, therefore, made:

Recommendation #46, that the teacher of a regular or special class which contains emotionally disturbed pupils needs, in order to be most effective, help from a variety of specialized personnel - district special counsellor, school psychologist, school counsellor, supervisor of special education, school social worker, school nurse and remedial consultant as well as from clinical personnel from without the school.

In urban and well-organized areas, the specialized personnel serving both diagnostic and remedial functions may operate as part of an education clinic, a child adjustment centre or an assessment centre. In smaller and more rural districts, not all types of supportive personnel are likely to be available. In any case, supportive personnel need to work with the principal and teachers as part of a cooperating team which serves the needs of disturbed children.

(a) The principal

In any school program, the principal is a key figure in achieving the success of the program. In small schools, the principal may be the only resource person available to the classroom teacher. The following recommendation is, therefore, made:

Recommendation #47, that, since the effectiveness of any program for emotionally disturbed pupils in a school depends on the degree of understanding by the principal of emotional problems in pupils and the leadership he gives to teachers and to the supportive personnel, provision be made for workshops for elementary school principals at regular intervals where most effective methods of dealing with emotional and behavioral problems may be discussed.

In some districts, the only resource persons in the school, other than the principal, on whom the teacher can call may be the directors or supervisors of elementary or secondary instruction. In September, 1968, there were, in British Columbia, 36 directors of instruction serving 24 districts and 124 supervisors of instruction serving 62 districts. These school personnel are frequently helpful, in a consultant capacity, to teachers who have to deal with disturbed or disturbing children in their classes.

Specialized school service personnel were listed by a Department of Education report in September, 1968, under various headings as follows:

(a) Supervisors - 14 (8 supervisors of special education, 5 of special services and one of pupil personnel);

(b) Consultants and Coordinators - 7 (counselling 3, special classes one, special services one, reading two);

(c) Special counsellors, 62 in 29 districts and an additional three school personnel with similar duties;

(d) District teachers - 31 (20 reading and remedial, one special education, 7 counselling and three in individual testing).

The above list is incomplete in that it lists only those special school personnel who have a valid teaching certificate. For that reason, some school psychologists and school social workers are not included. In addition, health, social work and clinical personnel from the Departments of Health Services, Social Welfare, and Mental Health who are available to the schools are not listed.

(b) The special counsellor

Because of the widespread use of special counsellors in British Columbia schools, it may be of interest to note the origin of this service. The position of special counsellor grew out of a plan inaugurated in the late 1940's by the Canadian Mental Health Association which provided at Toronto a year's training in school mental health for selected teachers from the various provinces. These were at first called "Liaison Officers (L. O.'s)" since one of their jobs was to help the school to utilize the services of various health, welfare and educational agencies in the solving of the emotional problems of pupils. Later, a similar course was established by the Vancouver School Board and the term "special counsellor" came to be used for the teachers it trained.

In September, 1967, a committee appointed by the Department of Education issued a Report of the Pupil Personnel Services Committee to the Superintendent of Education (Ref. 20) in which it set forth the functions of a special counsellor as including the following:

(i) Liaison - within the school
- with community health services
- with social services of all types, both public and private
- with parents, guardians, relatives and others interested in individual student welfare
- with other educational authorities, for transfer and placement.

(ii) Testing, in special circumstances, as required.

(iii) Diagnosis, in order to make suitable referrals and suggest procedures.

(iv) Remedial measures, where desirable, in the form of supportive interviews, prescriptive teaching or small group counselling. In general this will be arranged by the special counsellor, but carried on either by the class teacher or by specialists outside the school.

(v) Special education, in some cases. This involves administering or advising on special classes for such groups as slow learners, remedial groups, etc.

Burnaby School District #41 conceives of the role of special counsellors as follows:

Special Counsellors act primarily as consultants to teachers and administrators. Their activities include:

(1) Identification of children who have intellectual, emotional or social problems which are interfering with their school progress.

(2) Advice to principals, teachers, secondary school counsellors, and parents about handling the above children.

(3) Referral of some of these cases to appropriate school or community services.

(4) Personal counselling of some of these children.

(5) Adult education in child development (teacher and parent groups).

Referrals to special counsellors are made by teachers through their principal.

In practice, special counsellors perform several functions. It would seem that, since their background of training is essentially a mental health one, they could well extend that training so that they could increasingly be recognized as consultants to teachers on the behavioral and emotional problems of the classroom. The training required by special counsellors is discussed on pages 234 and 235.

Recommendation #48, that the role of district special counsellor be that of a consultant to classroom teachers on emotional and other behavioral problems and also that of a counsellor to disturbed children who do not require the services of a psychiatrist, and that the special counsellor also act as a liaison officer to assist the teacher of emotionally disturbed children and their pupils in securing adequate supportive services from within and without the school.

(c) The school psychologist

In discussing Item Six (p. 57) it was noted that, of the 82 school districts in the province only 13 appeared to have school psychologists. Ten others reported that they had the part-time services of a psychologist This, for the most part, means the service of a member of the mental health team of the regional mental health centre on a referral basis and at infrequent intervals. However, one school district has the services of the clinic psychologist for one day each week. Probably most of the districts have the help of the clinical psychologist occasionally when referral is made of a severely disturbed child.

Since the services of the school psychologist are highly important for the diagnosis and treatment of the problems of a wide range of children in the schools, the above data indicate that there is an absence of such services in the majority of districts of the province.

The functions of a school psychologist include the following:

(i) determination of the factors or influences which produce or promote maladaptive behavior (e.g. lack of motivation, immaturity, emotional disturbances, brain dysfunction, perceptual and sensory handicaps, educational retardation or a disturbed family situation);

(ii) assessment of pupils requiring special class placement;

(iii) conducting simple therapy for individuals or groups with emotional problems;

(iv) drawing in appropriate medical, community or social agencies;

(v) promoting good mental health practices in schools;

(vi) serving as a resource person for research or testing projects;

(vii) cooperating with the other school personnel in determining and carrying out appropriate educational provisions for disturbed and other handicapped children.

Recommendation #49, that, in view of the wide variety of skilled services which can be provided by a well-trained school psychologist, school boards make plans to employ such personnel, and that, where necessary in smaller districts or rural areas, two district school boards share a school psychologist's services.

The degree of training necessary for a school psychologist will be discussed on page 239.

(d) The supervisor of special education

The supervisor of special education plays a key role in school district special education programs. There are, in the province, 13 supervisors, two consultants and one district teacher designated as responsible for planning and supervising special education services. As indicated earlier, in some districts special education is under the direction of the director or supervisor of elementary instruction. In one district it is directed by the school psychologist.

Those who supervise special education usually have the following responsibility:

(i) Survey the needs of all types of handicapped children in the school district to discover how adequate are the educational provisions for such children;

(ii) Plan the development of a program which will be most effective;

(iii) Undertake, in collaboration with the district superintendent, principals and specialized school personnel, the organizing of special education services either in the form of special classes or special itinerant teachers;

(iv) Play an important role as a member of the district screening and placement committee, in decisions in regard to the educational provisions to be made for emotionally disturbed and other types of handicapped children;

(v) Screen applicants for positions as teachers of special classes and to advise the district superintendent on the selection of such teachers;

(vi) Supervise the work of special class and other special education teachers in a supportive and leadership role;

(vii) Take an active part in cooperation with the special class teachers and special school supportive personnel in evaluating the school programs in special classes;

(viii) To have major responsibility, under the district superintendent, for choosing equipment and supplies for special class or other special education purposes;

(ix) Keep up-to-date in the field of special education so that he is the most knowledgeable person in this field in the school district, and to make known to the district superintendent of schools, the school board, principals, special class and other teachers in special education, the most recent developments in the education of handicapped children;

(x) Interpret the needs of and educational provisions for emotionally disturbed children to the regular classroom teachers and to the community at large;

(xi) Maintain effective liaison with mental health clinics and welfare agencies in the district.

In the light of the above, the following recommendation is made:

Recommendation #50, that, the supervisor of special education in a school district be a well-trained person with a broad knowledge of the needs and problems of emotionally disturbed children and the ability to plan special services to meet the needs of such children as well as to work closely with special education teachers and specialized personnel from within and without the school in making the program for disturbed children an effective one.

(e) Remedial and learning-assistance teachers and remedial consultants

Provision for the appointment of remedial and learning-assistance teachers was discussed on page 160. Such teachers or consultants may function in the fields of reading, written language, speech and arithmetic. If the special counsellor does not act as a remedial consultant in the field of behavior and emotional problems then a special consultant in this area may be needed particularly if the policy of the school district is one of having disturbed children remain in regular classes.

Educational authorities believe that reading, speech and behavioral disorders may be due to one or more of several causes. These causes may include sensory and neurological impairment, undue stresses in the child's environment at home or in school, a poor quality of teaching and cultural deprivation.

Whatever the cause of learning disabilities in the emotionally disturbed child, these are likely to compound his disturbance. Remedial work is, therefore, important. Remedial teachers and consultants should concentrate their attention on analyzing the child's present specific disabilities and the stresses of his present environment as well as on the setting of the stage for the child's successes in the areas of reading, speech and behavior.

Data from the Department of Education show that, as from September, 1968, there were twenty-two certificated teachers working in 15 of the 82 districts in the province who might be classed as remedial teachers.

Data as to the number of non-certificated personnel working with school children in the province are not available.

Recommendation #51, that, since school competence is highly important to emotionally disturbed children because of its effects on their self-concept, their acceptance by their peers and their ability to function in a regular class, remedial teachers, in the fields of reading, written language, speech, and arithmetic be provided by the schools to help in the rehabilitation of such children.

Recommendation #52, that, where the special counsellor does not act as a consultant to the classroom and special class teachers on emotional and behavior problems, a special consultant be provided to assist teachers in dealing with mildly and moderately disturbed children who do not need the specialized services of a psychiatrist.

(f) Secondary school counsellors

On pages 189 to 190, reference was made to the role of secondary school counsellors in the rehabilitation of emotionally disturbed adolescents. The discussion here will centre on the specific role of the secondary counsellor in dealing with the emotional problems of teen-agers who are mildly or temporarily emotionally disturbed.

The services of school counsellors are available in nearly all the secondary schools of the province. However, in many cases these services do not appear to be used effectively. This situation seems to be due to many factors.

In the first place, there appears to be not enough counsellors to do the job efficiently. Realistically, the ratio of the counsellor to the number of pupils he counsels should not be greater than the ratio of one full-time counsellor to 250 students. If, as is generally the case, the counsellor teaches group guidance classes as an integral part of his counselling program, instead of as just a routine duty or "another class", the number of students assigned to him for counselling should be less. If the counsellor comes to know his students better through teaching group guidance classes and if he uses group techniques in these classes, then it is desirable that his duties include group guidance as well as individual counselling.

Second, many educational administrators do not see the job of the school counsellor as a key one in dealing with the emotional or personal problems of adolescents. Actually, in a large percentage of cases the counsellor cannot deal effectively with vocational choice or educational programming without being aware of emotional problems which are associated with these. Zytowski in Vocational Behavior (Ref. 129) included scholarly papers and research on the determinants of occupations and careers. These determinants included many emotional factors. Data available on underachievement also indicate the presence of emotional factors though often these are so deeply embedded in the student's home and school background and in his personal adjustment that the adolescent needs more continued and specialist help than the school counsellor can provide. There is value in the general recognition of the secondary school counsellor as a vocational and educational counsellor since he will the more readily discover emotional problems of students and the latter will come to him more readily than would otherwise be the case.

Moreover, there is increasing evidence of the need for and effectiveness of "crisis" counselling both for adults and adolescents. The latter are likely to have periodic times of emotional stress in which they need relatively immediate help. The school counsellor should be a major factor in an "early warning system" with respect to emotional problems and he should have the time to do this job. He should, of course, refer the serious emotional problems to more highly specialized personnel, but be able to handle the personal problems of reasonably normal teen-agers.

Third, the job of the secondary school counsellor is so highly important that it requires specific training in mental health principles and in techniques of helping teen-agers to solve their pressing emotional problems This is true, as pointed out above, if an adolescent's vocational and educational plans are to be treated in an intelligent fashion. Indeed, school counsellors often find that a teen-ager may make such unrealistic vocational and educational plans that a conference with his parents must be held because the latter's emotional problems are an important factor in the adolescent's decision. Some counsellors do not appear to have the mental health training adequate to counsel adolescents whose vocational choice, educational plans and school achievement are definitely affected by emotional problems for which these teen-agers need help.

There have been instances in the past where an individual was chosen for a counsellor's job on the basis of expediency (who was available or could be spared) or on the basis that counselling was a "Joe-job". Indeed, it sometimes has been made into such by the counsellor being assigned many routine duties. In some districts, an individual is picked for a counsellor's job as a step up the educational ladder. Undoubtedly, it is valuable to any teacher who becomes an administrator to have had some training and experience in counselling but this practice of using the job merely as a stepping stone is likely to destroy it as a professional one in that the individual is unlikely to take seriously the problem of acquiring special training or, perhaps, of taking counselling seriously beyond its routine duties.

The fourth point is that in selecting individuals to be or not to be trained as school counsellors, considerable attention should be paid to the individual's ability to relate to adolescents, fellow-teachers, administrators and other adults in a one-to-one relationship. An effective counsellor must have a genuine interest in and respect for teen-agers as well as concern for their personal problems which are necessarily intertwined with their vocational and educational plans. Certainly, discipline functions should not be tied to a counselling job nor should confidential data given by a student be passed on to administrators or others without the student's consent. The only exception to this would be serious situations in which the school's welfare or the adolescent's own welfare are definitely threatened.

Recommendation #53, that the role of the secondary school counsellor be thought of as necessarily involving personal counselling as an integral part of vocational and educational counselling as well as that of meeting crisis situations through emotional first-aid and that the secondary school counsellor be thought of as part of an "early warning system" of emotional problems.

Recommendation #54, that, in choosing counsellors, consideration be given to their training in mental health principles and also to their personal qualities including their ability to relate to adolescents, fellow teachers, administrators and other adults.

(g) School nurse

The public health nursing service very nearly blankets the province and in many schools the public health nurse is, to all intents and purposes, thought of as a regular member of the school staff. The public health nurse is necessarily interested in emotionally disturbed children since public health involves mental health as well as physical health. The nurse's contribution is of two kinds, (a) in the identification and referral of children who have emotional problems, and (b) in interpreting to teachers and parents the nature of the child's problems and the recommendations of clinical personnel. A mental health study of public health nurse involvement in mental health services by the British Columbia Health Branch in 1966 revealed that the public health nurse is important as a case finder of emotional problems in children. Of 4,147 patients referred for mental health treatment services in that year, 1,588 or 38.3% were referred by public health nurses as against 33.1 percent which were brought to attention for referral by a teacher, counsellor, parent or were self-referred. Of the individuals referred for treatment by the public health nursing service in the above year, 43.8% were in the age group 6 to 12 years and 26.1% were aged 13 to 18, while 5.3% were preschool children. This means that close to 75% of referrals by public health nurses for treatment were for children and adolescents under the age of 18 years.

The other aspect of the public health nurse's work - that of interpreting findings and treatment suggestions to the family also indicates the extent to which child problems are involved in their work.

Of 15,064 visits to families or patients by public health nurses, over 60 percent concerned children and adolescents under the age of 18 years.

The referrals of children by public health nurses are, of course, referrals to clinical and other health services and do not include the referrals made by teachers, principals and specialized school personnel for special services for disturbed children within the school.

(h) School social workers

The findings of this study concerning the role and use of school social workers are discussed on page 59. Unless parents are to be excluded from the rehabilitation of their emotionally disturbed children, the services of a trained social worker are highly desirable. Some liaison with parents is carried on by special counsellors, and in three or four cases discovered in the study, school districts had the services of individuals who had training in the areas of teaching, special counselling and social work. This is very desirable.

Use is, of course, made by the school social workers from the Department of Welfare and from regional mental health centres as well as from local social agencies but the impression gained in the survey was that these services were not extensive enough to meet the school's needs for adequate contact with the parents of children who have emotional problems. The following recommendation is made:

Recommendation #55, that, in order to enlist the active support of parents in the rehabilitation of emotionally disturbed children and to help with the development of less seriously disturbed youngsters, school boards consider the advisability of employing a school social worker or make arrangements with a social agency for the part-time services of a trained social worker and that, if necessary, two or three districts share the services of a social worker.

(i) School health services

Schools in British Columbia do not employ the services of a school physician as such but make use of the services of the regional health units or of the family doctor.

(j) Mental health clinical services

As indicated on page 60, the urban districts of Vancouver and Victoria are served by the mental health division of the Metropolitan Board of Health. The other districts of the province are served by regional mental health centres which may use the services of a travelling mental health team which visits the schools at intervals. In the survey, five school districts in remote areas of the province stated that the nearest regional mental health centre was too far away to be of practical use for those emotionally disturbed children who can attend school. Several other districts which are visited by a mental health travelling team three or four times a year felt that this was too limited a service.

The Deputy Minister of Mental Health stated in a letter to the director dated March 11, 1969 that ten mental health centres were operating at that time in the following locations - Chilliwack, Vernon, Prince George, New Westminster, Kamloops, Burnaby, Victoria, Kelowna, Nanaimo, and Trail and that two mental health centres are to be established in Boundary and Haney in June, 1969. In addition, the Mental Health Branch has the necessary budget to establish and operate mental health centres at Courtenay, Cranbrook, Nelson and in the Skeena area and these will be opened as soon as the necessary staff can be obtained. How far this situation is due to the lack of available trained personnel or to the salaries offered is not known. Certainly, recruitment appears to be hampered by the desire of psychiatrists to remain near the larger centres and also by the lack of psychiatrists trained and experienced in child psychiatry, social psychiatry, or community based psychiatry.

Sarason and his colleagues of the Yale Psycho-educational Clinic point out in Psychology in Community Settings (Ref. 108) the vital importance for child psychiatrists to take part of their residency training in psychiatry in the school setting and also the necessity for psychiatrists in studying an emotionally disturbed school child to observe him in his general school setting and his specific classroom setting rather than merely in the psychiatrist's office. The following recommendations are made:

Recommendation #56, that, it is desirable that child psychiatrists who treat emotionally disturbed children have had part of their residency training in the school setting, and that, in order effectively to help the disturbed child and his teacher as well as other school personnel, the mental health clinical personnel observe the youngster in his school and classroom setting in his relationships with his peers and teacher and their expectations of him.

Recommendation #57, that, the Mental Health Branch of the provincial government extend the services of regional mental health centres as rapidly as possible so that schools may have available clinical services within a reasonable distance and at as frequent intervals as will meet the needs of their emotionally disturbed pupils.

(3) Role of paid teacher aides

On page 75, the use of paid teacher aides is discussed. Only limited use of paid teacher aides appears to be the case in connection with emotionally disturbed children in regular or special classes in British Columbia.

The use of paid teacher aides in regular classes is becoming increasingly common in school systems in Canada and the United States. In fact, James L. Hymes, Jr. in Aides to Teachers of Young Children (Ref. 60) states, "Every teacher, no matter what the grade level, should have an aide, a helper, a co-worker with her in the classroom". This statement is particularly applicable to teachers of both special and regular classes who have emotionally disturbed children in their classes.

Emotionally disturbed children need a great deal of individual attention and frequently cause "crisis" situations to occur. The teacher often needs extra help even with the small number of pupils in a special class. However, the use of teacher aides is especially important where one or more disturbed youngsters are included in a regular class of the present size in our schools. The services of such a teacher aide may make the difference between a child being able to remain in a regular class in his normal school setting or his being sent to a residential treatment centre because no alternative to exclusion from school is available.

Recommendation #58, that paid teacher aides be provided for teachers of special classes of emotionally disturbed children and also for teachers of regular classes where one or more moderately disturbed pupils are enrolled.

(4) Role of volunteer aides

There is a growing tendency to make use of volunteer aides (both adults and children) in helping not only emotionally disturbed but other handicapped pupils in the schools.

So far as the use of adult volunteers goes, as far back as 1960, Elmont, Long Island, New York, instituted a program of using "teacher-moms" (Ref. 38). These individuals were a selected group of warm, empathic, emotionally stable women who had done a good job with their own children and who could contribute some of their time two mornings a week in a continuing one-to-one relationship with one disturbed child in the school. This has proved highly successful.

In 1963, the University Women's Club of Ottawa began to provide emotionally disturbed children in the Ottawa public schools with a volunteer service similar to that described above. This is discussed in some detail on pages 142 to 143, and readers are referred to that section of this report. London, Ontario, started a very successful program of volunteer service in 1967. In several Western Canadian cities including some in British Columbia, service is provided by the women of the Junior League.

Recommendation #59, that the schools enlist the help of a selected group of mature and stable individuals as volunteer aides who will each provide a continuing one-to-one relationship with an emotionally disturbed child in the school for a part of two mornings a week, giving the youngster warm acceptance and help in his work and play activities.

In addition to adult volunteers many schools use very successfully, the services of older children and adolescents to help both younger normal children and handicapped youngsters. Pupils of the senior grades of the elementary school may help with the play activities of nursery school or kindergarten children and junior secondary school pupils can help primary grades with their reading or other school work. Senior secondary school pupils can help elementary school children, retarded or physically handicapped or disturbed youngsters. They can also visit children's hospitals, and treatment centres for the emotionally disturbed children.

Using pupil volunteers has many advantages. Both those who help and those who are helped profit greatly by a social learning experience. Very often the best leverage in helping children consists of those who are a little older - old enough to have some prestige and to develop a sense of identification in the younger pupils.

Pupil volunteers can be helpful to emotionally disturbed children in a special or regular class. In one special class visited during the study, a grade seven girl from a regular class came at intervals to help a twelve-year-old girl with her school work and a boy from a grade five class called at recess to accompany a disturbed boy to the playground.

Recommendation #60, that schools make effective use of older pupils as volunteers in helping younger children and especially in helping emotionally disturbed children in both their school and play activities.

(5) Methods of teaching emotionally disturbed children

Teachers of disturbed children are likely to have to teach four general types of youngsters: (a) anxious children who react to their own inner conflicts and are inhibited, fearful, overconforming; (b) immature children who are demanding, aggressive, defiant and stubborn; (c) withdrawn children who have retreated from reality and (d) hyperactive and distractible children, some of whom have neurological damage and others whose behavior stems from their home and school environment. How are these children to be taught?

Teachers must be concerned with both goals and methods. They must know where they are going and how they are going to get there.

On page 164 the general goals for the education of emotionally disturbed children were stated as, a healthy self-concept, effective interpersonal relationships, school competence, responsible social behavior and self-realization. However, to achieve these goals, it was pointed out (pages 166-171) that the teacher had to have specific objectives for each child and that these had to be based on as accurate a knowledge as possible of the child's present strengths and deficits as obtained through various diagnostic and informal tests as well as by careful observation. These specific objectives must then be translated into day-by-day goals for each disturbed child. In achieving all these objectives, the teacher must choose what his general approach should be to the education of disturbed children and specifically, what educational techniques he will use.

Hewett (Ref. 56) has discussed in effective fashion the three chief strategies followed by teachers of emotionally disturbed children. These are: (1) the psychodynamic-interpersonal strategy, in which attention is centred on the origin and meaning of the child's behavior and teacher-pupil relationships; (2) the sensory-neurological strategy which seeks possible underlying organic causal factors; and (3) the behavior-modification strategy which views the child's behavior in terms of its adaptive function and concentrates on specific educational tasks. To Hewett's list of three categories should be added, (4) an eclectic strategy in which elements of the above three strategies are incorporated.

(a) The psychodynamic-interpersonal approach to teaching disturbed children is based on the belief that, in order to help disturbed children, the teacher must understand the psychic origin and meaning of the disturbed behavior. The teacher must also concentrate his attention on establishing a positive trusting relationship between teacher and child. This approach to teaching disturbed children is that of the psychoanalysts and most psychotherapists.

One expression of the above point of view is what Morse (Ref. 94, p. 29) calls the psycho-educational approach in which the team work of the teacher and various specialized school and clinical personnel is involved. This method combined two emphases - the educational and the clinical. The educational aspects deal with the child's "now" problems in terms of creative project-type work, individual differences and a benign but not permissive atmosphere. At the same time there is considerable awareness of how the child's "past" affects the situation. In addition, Hobbs (Ref. 58) in his Project Re-ED stresses the child's relationship with his family, regular school and community as well as the unique contribution of a teacher-counsellor.

The psychodynamic-interpersonal theory thus stresses the teacher's ability to relate to and cooperate with specialists from various disciplines, his acceptance of the child without censure and his ability to be an "educational therapist". While some members of the medical profession regard the word "therapy" as relevant to their profession exclusively, nonetheless all teachers do practice "therapy" when they give counsel and support to pupils and help the youngsters to work out their feelings in the daily problems of the classroom.

In the present study, complaints were received that the psychodynamic approach of clinical personnel was long on general goals and short on specific suggestions as to how to deal with the "here-and-now" problems of the classroom.

(b) The second major strategy in dealing with disturbed children, the sensory-neurological approach, tends to label all forms of emotional disturbance as due to brain injury or brain dysfunction (see pages 156 to 159) even when no organic evidence of this can be discovered (Ref. 28, 29 and 73). Admittedly, brain damage does lie behind some specific learning deficits, perceptual-motor deficits, hyperactivity, impulsivity, emotional lability, short attention span and distractability so that many of the suggestions of Cruickshank and his colleagues (Ref. 28, 29 and 30) are useful in teaching some emotionally disturbed children.

If a teacher accepts the sensory-neurological strategy, his job will be to discover the child's sensory and neurological deficits through extensive observation and diagnostic testing.

The methods used in the sensory-neurological approach stress order and routine, reduced environmental stimuli, reduced space, the use of carrels and partitions in the classroom and an increase in the stimulus value of teaching materials and the use of perceptual, visual and motor activities (e.g. walking boards, eye-hand coordination, auditory discrimination in distinguishing sounds, degree of laterality, spatial orientation, etc.). The specific suggestions of Cruickshank in his books (Ref. 28 and 29) will be helpful in the development of perceptually handicapped and some types but not all types of emotionally disturbed children. Hewett (Ref. 56, p. 25), for example, says:

> "As appealing as the specificity of diagnosis, labelling and training associated with the sensory-neurological strategy may be to the educator, when it results in educational narrowness and rigidity it may have serious drawbacks. In addition, terms such as 'brain damage', 'cerebral dysfunction' and 'neurological impairment' often sidetrack the teacher. Being told by a physician or neurologist that a given child is 'dyslexic' or has 'strephosymbolia' may cause the teacher to decide that such an ominous problem really precludes the child's being helped in the classroom".

Hewett (Ref. 56, p. 27) further states,

> "Certainly not all emotionally disturbed children demonstrate sensory and neurological problems in school, but as long as maladaptive behavior such as inattention, distractability, hyperactivity, poor coordination and perceptual-motor deficits are commonly found among them, an attempt to establish a link between the child's behavior and possible organic contributing factors will undoubtedly continue".

Other authorities have seconded Hewett's view. Rubin (Ref. 107, p. 36) states,

> "Broadly defined categories or all-or-none concepts in diagnosis such as dyslexia, or brain damage are frequently fraught with exceptions and rarely lead to adequate intervention methods for the individual case. Since our concern is with maladaptive behavior, we must give full and broad consideration to all factors which might be considered as significant contributors to the individual's failure to adapt to his stated environment. Both those forces within the child and those operating upon him from without must be given equal consideration; concentrating on intra-orgasmic factors, the assets and limitations of the individual is the logical initial approach. Clinical workers generally believe that disturbances in interpersonal relationships in early life are ultimately responsible for emotional maladjustment. There is general agreement, however, that the current state of the organism can also be evaluated in terms of the individual's vulnerability to life-stresses. The delineation of this vulnerability and a description of the potential stress sources in the environment can lead to an explanation of the current state of adaptation".

The value of the sensory-neurological strategy to the teacher of disturbed children is discussed later in this subsection.

(c) The behavior-modification approach, instead of asking why an emotionally disturbed child behaves as he does or attempting to relate his problems to how the central nervous system is functioning, asks simply what behavior the child exhibits which interferes with his learning and then proceeds to use educational techniques to deal with that behavior. The behavior-modification strategy largely ignores underlying causal factors and aims at modifying the maladaptive behavior of the emotionally disturbed child by giving him success experiences in acceptable behavior. These acceptable responses are reinforced by giving the child various types of rewards (anything from candy, a toy, free time, to gold stars or praise by the teacher). The pupil's success is also likely to raise his self-concept and win him acceptance by his peers thus satisfying his needs for self-esteem and recognition. The assumption is that just as the child's negative responses are learned so also are positive responses to success and competence.

The above method is a very old method long used by both teachers and parents to modify children's behavior. The method is now called "operant conditioning" or "reinforcement". The method is new in the sense that it is now used systematically with clean-cut awareness of the specific behavior which the teacher desires to establish and the specific stimuli and rewards which are likely to be effective with a particular child. This technique is seen in the current use of programmed learning or "teaching machines" in which there are clearly defined stimuli and expectations, active responses required of the learner, immediate reinforcement through knowledge of results, use of prompting where necessary to guarantee success, and gradual increase in the complexity of the material. In addition to positive reinforcement, negative reinforcement may be used.

"Reinforcement" has been used successfully with both emotionally disturbed and mentally retarded children (see Hewett, Ref. 56, p. 32-34). Hewett, in his work with disturbed children at the neuropsychiatric clinic at Los Angeles and in his Santa Monica project, has organized a sequence of educational goals which he designates as "A Developmental Strategy". The goals are: getting the child's attention, securing a desired response, learning to follow directions, exploring materials and objects in the environment, learning to relate to others, mastery of self-care, social and school skills and finally a sense of achievement for its own sake.

The attention and response levels are primarily concerned with establishing contact with the child and interesting him in learning. At the order level, the goal for the child is learning to adapt to the routine and structure in the classroom. The goal of the exploring level is to increase the child's involvement with his environment. The social level confronts the child with the necessity of learning standards of social behavior. The mastery and achievement goals complete the developmental sequence.

The critical question for the teacher is, "What are the 'somethings' which emotionally disturbed children need to learn which can be learned in the environment over which I have complete control and which I can teach as an educator?" Hewett believes that the teacher is a teacher and not an educational therapist. The teacher's job is to discover what the child needs to learn, wants to learn, where he is in his present stage of learning and then apply the basic principles of reinforcement in a systematic way to the child's learning. Hewett is not concerned with the emotional involvement. Reinforcement, he believes, can be applied without such involvement. Indeed he talks about "the engineered classroom". However, Hewett does attempt to show how exponents of the psychodynamic-interpersonal and the sensory-neurological strategies can use their approach in the form of behavior-modification and reinforcement.

An eclectic strategy

The directors of this study believe that attention should be focussed on the emotionally disturbed child's deficits and assets and on his specific needs in learning adaptive behavior as well as on academic skills and techniques, and that teachers should choose from the three strategies discussed above whatever elements match an individual child's learning. There is no one way of teaching either normal or disturbed children. The specific needs of the child and the method with which the teacher feels comfortable and competent are the criteria that should be used in teaching a disturbed child. Decisions should be made on this basis with respect to the amount of stimulation in the classroom, the degree of structure used in the classroom, the type of curriculum, the use of "carrels", the use of sensory and motor training, and the teacher's relationship to the disturbed child. One thing that can be taken for granted is that there is likely to be a need for a great deal of individual instruction in a classroom of disturbed children and that, therefore, the number of pupils in the class must be small (six to eight).

What matters most in the teaching of disturbed children is that the teacher be a stable, mature person, trained in using modern educational techniques, and that he have training in an understanding of the characteristic of disturbed youngsters and skill in diagnosing their deficits, strengths and styles of learning. While knowledge of general objectives and techniques is very important, the teacher must set up specific objectives for each child. There is no substitute for the balanced judgment of a competent teacher in applying general methods and techniques to the needs of an individual child.

Recommendation #61, that, since there is no one method of teaching, the teacher of emotionally disturbed children concentrate his attention on modifying each child's present maladaptive behavior through the use of such educational techniques as are likely to help the pupil to succeed in desirable forms of behavior, and that these techniques be drawn, where necessary, from one or all of the major approaches to teaching disturbed youngsters, namely the psychodynamic-interpersonal approach, the sensory-neurological approach and the behavior-modification approach.

Recommendation #62, that, since success in using a variety of educational techniques drawn from differing philosophies of teaching emotionally disturbed children implies in the teacher both an ability to assess each disturbed child's strengths and weaknesses and also a thorough knowledge of the different strategies used in teaching such children, every effort be made to see that the teacher of disturbed children have an adequate background of special training.

(6) Evaluation of services for emotionally disturbed children

The importance of the school having clearly defined general and specific objectives in the education of disturbed children is discussed on pages 163 to 170. However, it is also important that an attempt be made to assess in some systematic way the extent to which these objectives are attained in promoting the development of disturbed children.

Evaluation of the progress of emotionally disturbed children should be made in terms of both achievement and overt behavior and may be carried out on a systematic research basis or in a more informal fashion by the classroom teacher and other school personnel.

Care must be taken to see that whatever form the evaluation takes, the purpose of that of understanding how effective are the methods of teaching being used in promoting desirable changes in the disturbed child's behavior. Formal tests may create anxiety in the child who is already anxiety-ridden and fearful of failure and this must be considered in any plan of evaluation.

Formal tests of achievement -- standardized or teacher made -- may not reveal a child's true progress and should be used with caution. The inner conflicts of the disturbed child, his distractability, hyperactivity, and daydreaming tendencies may interfere with his concentration on the task at hand and may vary from one test to another so that a true picture of the child's progress is not obtained.

One of the arguments against keeping many types of disturbed children in regular classes is that they are likely to be tested regularly in competition with normal and well-motivated children. Their anxiety and fear of failure in a competitive atmosphere may increase their disturbance. In a special class where there is a great deal of individualized teaching, the child's progress is assessed in terms of his own achievement.

The use of any type of objective tests of achievement must be determined by what they do to the disturbed child.

The use of subjective methods of evaluating the emotionally disturbed child's progress may be made by teachers, special counsellors, psychologists, remedial consultants or psychiatrists. They are frequently in the form of a rating scale. Many teachers make use of the anecdotal method of jotting down, from time to time, examples of the child's behavior and reviewing these periodically. However, a rating scale which lists typical forms of disturbed and desirable behavior and which can be used for more specific assessment from time to time is useful to many teachers. This would be particularly true where the disturbed child is a member of a regular school class.

The use of tapes of classroom responses may be useful to the teacher, the supervisor of special education and other specialized personnel, in helping to assess pupil responses and the teacher's method of dealing with these.

The following reports of research studies include a sampling of methods of assessment which have been found helpful:

Vacc (Ref. 119), in a recently reported study of emotionally disturbed children in regular and special classes, used three types of measures - an achievement test (Wide-Range Achievement Test), a behavior-rating scale (Haring and Phillips, Ref. 50) and a sociometric test (Bower's A Class Play, Ref. 18).

Werry and Quay (Ref. 122 and 123) used a method of direct frequency counts by an observer of a number of types of behavior in the classroom. Some of these were related to the child's deviant behavior and some to his school work. Examples of the former were: out-of-seat, physical contact with others, noise, turns, and vocalizations of various kinds. Examples of the latter had to do with problems of not attending, irrelevant activity and daydreaming.

Morse, Cutler and Fink (Ref. 94) in their research analysis of public school classes for the emotionally disturbed used a variety of measures including achievement tests in reading and rating scales by teachers. The items rated by teachers as occurring most frequently in disturbed children were, in order, lack of self-confidence, unable to concentrate, needs prodding, feels inferior, poor self-control argues, easily upset, short attention span, teases, fearful, disorganized in work, angers easily, defiant of authority and restless.

One of the most comprehensive studies of the emotionally handicapped child in the public school is that of Rubin, Simson and Betwee (Ref. 107) who carried out a research study of the effects of a special public school classroom on disturbed children in the schools of Wyandotte, Michigan. These investigators tried to assess changes in the pupils by means of teachers' ratings of changes in classroom adjustment, changes in adjustment on psychiatric ratings, and changes in academic performance (the Metropolitan Achievement Test and teachers' ratings of the pupils' academic performance).

Research is badly needed to assess the effectiveness of both administrative devices and methods of teaching used in the education of emotionally disturbed children. Teachers, principals, and other specialized school personnel would do well to further that research by cooperating with psychologists and university and clinical personnel in carrying out such research. Where school personnel have had training in research methods they should undertake research of their own in this field. However, whatever research is carried on, the welfare of the emotionally disturbed child is the prime consideration. Experiments which harm the child by putting him under stress and increasing his disturbance should not be allowed.

The sensitive and well-trained teacher of disturbed children will continually be evaluating his own methods and the progress of his pupils. From time to time the administrative provisions and classroom methods used in the education of the disturbed and the progress of individual pupils should be reviewed in a systematic way by the teacher and the team of specialized school personnel and clinical personnel.

Teachers of emotionally disturbed children and those who render supportive services to these pupils should endeavor to keep themselves informed as to recent research and practical developments in this field. One way of doing this is by joining the Council for Exceptional Children (in which British Columbia has a federation of several chapters) and either the special division of the Council, called the Council for Children with Behavioral Disorders or the Division for Children with Learning Disorders. Members of the Council for Exceptional Children receive the Journal, Exceptional Children and also the magazine Special Education in Canada and members of a division receive the Newsletter of that division. Exceptional Children publishes a good deal of research by leaders in the various fields of special education.

A 1968 publication of the Council for Exceptional Children, entitled, Exceptional Children Research Review (Ref. 63) summarized the research on the handicapped and the gifted for the past five years.

Recommendation #63, that careful evaluation of the administrative devices and methods of teaching used in the education of emotionally disturbed children and the extent of the progress made by these children be carried out on a systematic basis from time to time by the classroom teacher and specialized school and clinical personnel.

Recommendation #64, that informal evaluation of the progress of emotionally disturbed pupils in terms of their achievement and classroom behavior be constantly carried out by the teacher (and other school personnel) as a way of determining whether the specific objectives for each pupil are being attained and whether the methods of teaching used are the most effective ones that could be used and that, in such an evaluation, use be made of observation, anecdotal records, rating scales and tapes of teacher and pupil responses in classroom situations.

Recommendation #65, that, where objective tests of achievement are used in evaluating pupil progress, care be taken that these tests do not increase the anxiety and further the disturbance of these children and that teachers be aware of the possibility that the results of such tests, may be in error, due to the child's inner conflicts, anxieties, distractability, hyperactivity or daydreaming.

Recommendation #66, that every effort be made by those responsible for special services for emotionally disturbed children to further research in the use of administrative devices and the methods of teaching emotionally disturbed children whether such research is carried out by school personnel or by university or clinical personnel from outside the school.

Recommendation #67, that the teachers of emotionally disturbed children and the specialized supportive personnel make every effort to keep in touch with the latest developments and research in the education of such children by such means as becoming members of the Council for Exceptional Children and its Divisions, the Council for Children with Behavioral Disorders and the Division for Children with Learning Disorders and by reading the publications of these organizations.

8. Training of Specialized School Personnel

(1) Special class or special education teachers

On pages 202 to 204, the question of choosing special class or special-education-teachers-at-large was discussed with respect to desirable personal qualities. Several administrators who were consulted in the present study placed major emphasis on the personal qualities of teachers chosen to teach emotionally disturbed children. While they admitted that special training was a good thing, they did not stress its importance. Admittedly, no degree of special training can make up for the desirable personal qualities listed on page 203 or for the ability to relate to children in a one-to-one relationship and to teach regular class children successfully.

However, teachers who do have the desirable personal qualities and experience are the ones most likely to profit from special training which includes both theory and practical work in an internship setting. It should not be a question of either high personal assets or special training. The directors of this study consider both to be vitally important.

Most American universities which prepare teachers for teaching disturbed youngsters require a bachelor's degree with suitable prerequisites and an additional year (sometimes 12 months) of graduate work leading to certification and to a master's degree. A sampling of such programs is given below.

The University of Minnesota has, for example, a graduate program of 12 months leading to teacher certification and the M. A. degree in Education. The program is designed to provide, first of all, a background of theory and professional knowledge in the field of the emotionally disturbed. In the last nine months of the course this professional knowledge is integrated with seminars and field placements so as to bring college courses and classroom practice into a mutually beneficial relationship. Students have practicum experiences in facilities serving children with learning disabilities, emotional disturbances and social maladjustments.

The University of Illinois' graduate program for teachers of disturbed children is based on the belief that such teachers need a firm grounding in diagnostic and remedial skills and also a basic understanding of both normal and abnormal development and of behavior dynamics. Emphasis is also placed on courses in the broad fields of sociology and psychology. Concurrent with course work, the student's program includes such practical experiences as, (a) observation of a variety of types of disturbed children in different settings, (b) experience in teaching individual disturbed children, and (c) assuming, under supervision, a responsible role in the educational planning and behavioral management of a group of disturbed children.

Southern Illinois University (Carbondale, Ill.) stresses the training of "supportive teachers" for service in the more rural areas. Trainees for this job take not only the basic courses required of all those training to be teachers of the disturbed, but also a course called "Itinerant Teaching of Exceptional Children". Dr. James Crowner, Chairman of the Department of Special Education, views the functions of a "supportive teacher" as those of a crisis teacher, a visiting teacher or a special counsellor and as one who works with local agencies and other school personnel in identifying children who require special services, in program planning, in organization and eventually in an on-going evaluation of the program. Crowner stresses the point that in no case should special classes be organized until adequate supportive services are available. The role of the supportive teacher as Crowner envisages it bears some resemblance to the work of the special counsellor in some of the smaller school districts of British Columbia.

The University of Oregon (Eugene, Ore.) offers a Masters Degree in Behavior Disorder. Western Washington State College (Bellingham, Wash.), in addition to general training in special education at the undergraduate level, has a new course at the graduate level designed specifically for teachers interested in the emotionally disturbed. The course title is "Description, Identification and Classroom Management of Maladjusted Children".

The University of Washington (Seattle) has recently organized a program for training teachers of emotionally disturbed children which is to be operational in the fall of 1969. A letter to the director of this study from

Professor George A. Fargo of the College of Education states, "Our program is being developed in conjunction with the psychiatric clinic facilities of the Mental Retardation and Child Development Center on campus. In addition we have practicum sites available in the public schools of the area..... The intent of our program is to have each course offered at the university so constructed as to have a major practical experience in conjunction with the course. We make extensive use of video tape in our training program and are attempting to articulate our program with the other offerings in special education".

The University of Virginia (Charlotteville) offers a training program for teachers of emotionally disturbed children which includes, in addition to course work, serving under supervision as an educational consultant in a residential treatment centre for emotionally disturbed children as well as two months in observation in juvenile court, domestic relations court, mental hygiene clinic, children's treatment centre, and intermediate and secondary school programs for normal and exceptional children. The trainee is then assigned to an elementary school where he screens children and works with a small group of disturbed youngsters. An internship year follows in which trainees are employed in Virginia school systems with full responsibility for their emotionally disturbed pupils.

In Canada, the Ontario Department of Education trains special class teachers through three one-month summer schools, leading to an Elementary, an Intermediate and a Specialist certificate in a specific area of special education. Certificates are granted both in the education of emotionally disturbed children and also in the education of neurologically impaired children.

The University of British Columbia is offering, in the session 1969-1970, three full-time diploma courses in the education of the deaf, the education of the mentally retarded, and the education of children with emotional disorders (including behavioral disorders). Each of the diploma programs carries 12 units of academic credit. A large proportion of the teaching will be done through seminars. Considerable emphasis is placed on practical work in an internship program off campus, the minimum requirement for the practicum being 180 hours.

The University of Victoria is expanding its services in special education and in remedial work. One aspect of this is the establishment of a clinic jointly sponsored by the University and the Greater Victoria School Board which will provide both service for pupils of the schools and training at the undergraduate and graduate levels for students in remedial work with pupils who have learning difficulties.

The directors of this study believe that it is desirable for all teachers of the emotionally disturbed to have a complete year's course in this field. Failing that, courses taken at summer school can improve the insights and skills of the teacher. School boards would do well to subsidize teachers to enable them to take further training and also to make it possible for those teachers who teach disturbed children in a regular or special class to visit other centres which have established facilities for teaching emotionally disturbed children.

Recommendation #68, that, in harmony with Recommendation #45, it is desirable that teachers of the emotionally disturbed have a full year of training or failing this, training at summer sessions, and that school boards make provision to subsidize such training and to make it possible for teachers of the disturbed to attend workshops and to visit centres where special provisions for disturbed children have been made.

(2) The training of special counsellors

On pages 205 to 207 the role of the special counsellor was discussed and was summarized in Recommendation #48. This role is somewhat similar to that of the "supportive teacher" described by Crowner on page 232. What sort of training should the special counsellor have for his job?

The directors of this study believe that the experienced teachers selected for training as special counsellors should be chosen for their suitability for the professional job of special counsellor rather than as possible candidates for a vice-principalship or principalship, even though the special counsellor's course should be of great value as a background for the job of school administrator.

The course of training for special counsellors should be a minimum of one-year's duration and should include:

(a) A good deal of directed reading in the general field of mental health and in the particular area of the behavior and emotional problems of school children. This directed study should be followed by seminars in which the implications and applications of principles and practices would be discussed. (b) Conferences with a variety of specialized personnel from community agencies in the fields of health, mental health, welfare and corrections and from public and private institutions serving disturbed and delinquent children. The points of view presented in these conferences should be discussed at the time and also later with a view to getting an integrated view of community resources and the agencies with which the school may work on a partnership basis. (c) Visits to various agencies and institutions such as child protection agencies, health centres, mental health centres, clinics, special schools for children with behavior problems, special day and residential treatment centres, and private centres which care for disturbed children. These visits should be prepared for and followed up in a systematic fashion so that the trainees are able to evaluate what they see in such visits. (d) Considerable supervised practical experience in counselling disturbed pupils, consulting with teachers, identifying children with problems and serving as a liaison officer between the school and community agencies. This should involve the use of one-way vision and hearing facilities and the use of video and audio tapes for both individual and group evaluation. The following recommendations are made:

Recommendation #69, that those teachers selected for training as special counsellors be chosen for their personal suitability for the professional role of special counsellor rather than as candidates for an administrative post.

Recommendation #70, that the special counsellor course be a minimum of one year in length and that it consist of: (a) Directed reading in the general field of mental health and the special field of behavior and emotional problems and that this reading be followed by seminars which discuss the application of mental health principles to school practices; (b) Conferences with representatives of community services in the fields of health, mental health, welfare and corrections; (c) Visits to the various types of community services in the above fields with adequate preparation for and follow-up of such visits; (d) Considerable supervised practical experience on a systematic basis in the identification of children with problems, counselling such children, consulting with classroom teachers on emotional and behavior problems, and serving as a liaison officer in the community.

Recommendation #71, that, in evaluating and supervising practical experience of those training to be special counsellors, full use be made of such devices as video tapes, audio tapes, and one-way vision and hearing facilities, and that these be used both for individual and group evaluation of a trainee's performance.

(3) The training of secondary school counsellors

On pages 211 to 214 the important role of the secondary school counsellor in counselling disturbed adolescents was stressed. That discussion culminated in Recommendations #53 and #54. The key role of the secondary school counsellor is also summarized in Recommendation #53 on page 214. The position was taken that secondary school counsellors cannot function adequately in their role as vocational and educational counsellors without carrying on personal counselling which includes dealing with the problems of mildly and some moderately disturbed adolescents. It was also suggested that the work load of the secondary school counsellor be reduced to the ratio of one counsellor for each 250 students and that the counsellor be relieved of routine duties in the school.

If secondary school counsellors are to carry out their key role in personal counselling in developing the strengths of adolescents and in helping them to sort out their disturbing problems, they will need adequate training for their job. Most professionals say that two years of graduate work is necessary for the job of a trained counsellor.

The University of British Columbia offers help in the guidance and counselling field in several ways. In the undergraduate course for the B. Ed. degree (secondary), the University offers a teaching major in group guidance designed to prepare teachers of guidance courses in secondary schools. Such courses require knowledge of psychology, sociology and vocational planning. Up to 17% of the B. Ed. (secondary) students are enrolled in the teaching concentration in guidance.

At the graduate level, the master's degree in guidance is organized to train secondary school counsellors. Work is also offered in this area leading to the Doctor of Education degree. Most of the 135 graduate students in the field of counselling enrolled for the 1968-1969 session at the University of British Columbia are studying on a part-time basis but the trend is toward full-time intramural work for the degree. In the 1968-1969 academic year, there were 25 full-time students enrolled in diploma and degree courses in counselling. Of these, eleven students were working towards a master's degree and six towards the doctor of education degree in the counselling field.

All of the University of British Columbia graduate students in counselling do practicum work in elementary and secondary schools, colleges, community recreation programs and in a Manpower office. Then they decide on their area of specialization, the choice consisting of vocational counselling, problem-oriented counselling, group guidance, counselling the adult, testing, and learning difficulties (including behavior disorders).

Some of the graduate courses in counselling and guidance are open to graduate students not proceeding to a degree.

From the standpoint of dealing with disturbed adolescents, it is, of course, desirable that the course for secondary school counsellors have a mental health orientation with considerable work in the areas of human growth and individual variation, the psychology of behavior disorders and other learning disorders, and in counselling theory and techniques. Great emphasis should also be placed on supervised experience in schools, making use of such modern facilities as the video tape, the audio tape and one-way vision and hearing rooms, so that the work of the trainee may be carefully evaluated by the supervisor, the class group and by the trainee himself.

No attempt was made in this study to collect data on graduate courses in counselling offered at such institutions as the Ontario Institute of Studies in Education, the University of Alberta, the University of Washington, Western Washington State College, the University of Oregon and Oregon State University.

The directors of this study have the impression that there are teachers serving as secondary school counsellors with inadequate training in the fields of guidance and counselling. This is to be deplored. While personal qualities and successful teaching experiences are essential for school counsellors, they are not adequate for dealing with the complex problems presented by disturbed and disturbing adolescents.

In the light of the above discussion the following recommendations are made:

Recommendation #72, that no teacher be appointed as a secondary school counsellor who has not had the minimum of one year of graduate university work in counselling and that where teachers are presently serving as counsellors with inadequate training, school authorities make every effort to assist such teachers to obtain the necessary training.

Recommendation #73, that, in choosing a course of training as a secondary school counsellor, teachers consider not only the theory section of the course but also the degree to which supervised practical counselling experience is provided, and, that, in such supervised experience, video tapes, audio tapes, and one-way vision and hearing facilities be used in order to make evaluation possible by the supervisor, the class group and the trainee himself.

(4) The training of school psychologists

On pages 207 to 208 the role of the school psychologist was discussed and was summarized in Recommendation #49. With regard to the training of school psychologists, the following recommendation is made:

Recommendation #74, that the adequate training of a professional school psychologist should include as a minimum a master's degree in psychology or in educational psychology, and either classroom experience, or, in the case of a clinical or educational psychologist working in the schools, a definite period of internship in a school setting, and that in any case, the school psychologist, with or without a teaching certificate, to be effective, should be able to discuss a child's problem with teachers in terms that are meaningful to them and also be able to recommend practical steps which the teacher can take in his teaching both of handicapped and normal children.

(5) Training remedial and learning-assistance teachers

The importance of providing remedial and learning-assistance teachers and the role they should play are discussed on page 210 and page 211. When it comes to the training of these specialized personnel, those competent in the field stress the importance of specialized training. For teachers who will act as speech correctionists a minimum of one year's training is recommended. Even at that, they should have available the consultant services of speech pathologists. The Special Education Department at the University of British Columbia now offers three sequential courses for training remedial speech teachers for the schools and hopes to extend this to one year of training.

Educational authorities in the field of remedial reading believe that a minimum of a full year of training is a necessary requirement for remedial teachers of reading. The Faculty of Education at the University of British Columbia provides courses for the training of teachers of remedial reading. These include a course the equivalent of 6 semester hours in developmental reading, a course the equivalent of 6 semester hours in remedial reading and, in addition, two sequential courses the equivalent of 9 additional semester hours in remedial reading and a clinical practicum for remedial reading teachers, students in special education and for those studying in the psycho-educational clinic. Emphasis is placed on supervised experience with retarded readers in the schools. During the session 1968-1969, there were forty students working towards their master's degree and nine working on their doctoral degree in the field of reading.

It is also desirable that the consultants in behavior disorders in the schools have a minimum of one year's special training in this field. The new Diploma in the Education of Children with Behavioral Disorders to be initiated in September, 1969 by the Department of Special Education, University of British Columbia may meet the needs of teachers in this area of specialization.

Recommendation #75, that in the training of remedial teachers or remedial consultants in the fields of reading, speech and behavior disorders, a one-year's graduate course be considered a minimum requirement for teachers preparing for such service.

Possible Ways of Providing for the Education of Emotionally Disturbed Children in Rural Areas and Suburban Districts

The problem of providing adequate services to meet the needs of disturbing and disturbed children in the rural and suburban school districts of British Columbia constitutes a challenge to the school boards and district superintendents in these areas. The question is, what are the possible solutions to this problem.

One solution is that of shared services. Where one school district is unable to provide a special class or other special services for emotionally disturbed children and a neighboring school district does provide such services, and where suitable provision can be made for transporting the child, arrangements could be made for the child to attend a special class in the neighboring district, with the school board of the child's home district paying for such service. This principle has already been accepted by the school boards of the Metropolitan area of Vancouver in the case of special classes for some types of handicapped children and should be further explored when the needs of a disturbed child or children can be best met by this plan of cooperation. The financial arrangements made by the school boards of Metropolitan Vancouver are that the school board which uses the special class services of a neighboring district pay to the host district the per pupil cost involved.

The British Columbia School Trustees Association and its branches might well explore the possibility of this kind of cooperation in other areas of the province.

In addition to sharing the services provided by special classes for disturbed and other handicapped children, it should be possible in some instances for more than one district to share the services of specialized personnel. This was specifically suggested with regard to school psychologists in Recommendation #49. The principle could, in some instances be applied to sharing the services of a special counsellor, school social worker, or an itinerant supportive teacher, who is a consultant in remedial reading, speech or behavior disorders. If well-trained personnel are selected their services are likely to be recognized as so valuable that the provision of the full-time service of such specialized personnel by each district may follow.

Recommendation #76, that the British Columbia School Trustees Association and its branches explore the possibility of school districts increasing their special services for emotionally disturbed and other handicapped children through sharing the services of such specialized school personnel as school psychologists, special counsellors, school social workers, consultants in reading, speech and behavior disorders, and itinerant supportive teachers.

Another method for improving the school's services for children with emotional and behavior problems is that of increasing the insight and competency in this field of principals, supervisors, and regular classroom teachers. This was recognized in Recommendation #33 and #47 insofar as principals are concerned in the suggestion that workshops be provided to increase the principals' understanding of emotional and behavior problems. This principle should be extended to supervisors and to classroom teachers to enable them to identify and help, at an early stage, those pupils who exhibit signs of emotional disturbance.

Recommendation #77, that neighboring school districts cooperate in organizing workshops for regular classroom teachers and supervisors in order to increase their understanding of emotional problems and to assist them in identifying and dealing with such problems in the early stages of their development.

In addition to using more effectively the services of both regular and specialized school personnel, school boards and educational administrators should consider how best to use the provincial health, mental health and welfare services and to urge where necessary the extension of these services.

In this study the directors received the impression that, of the services provided by the provincial government, that of the public health nursing service was used very effectively. In addition the school should make every effort to utilize the other services of the local health units. On pages 195 to 198 it was suggested that there was need for a closer understanding and partnership between educators and mental health and welfare personnel through mutual respect for each other's professional competence and as full and equal partners in helping children to resolve their emotional and behavior problems. This was crystallized in Recommendation #38.

In answering Item Forty of the questionnaire, "what additional service do you think would best meet the needs of emotionally disturbed children in your district?", by far the most frequent reply was "More mental health clinic services or psychiatrist's services". This reply was particularly characteristic of the more remote districts of the province. A discussion of this need and present provisions for mental health clinical services is found on page 216, culminating in Recommendation #57.

It is suggested that school boards take responsibility in urging the implementation of this recommendation.

Financial Provisions for Special Services for Emotionally Disturbed Children

The directors of this study note with satisfaction the appointment of a Director of Special Education in the Department of Education of the province and that some financial recognition is being given to provisions for special services for handicapped children in the schools.

However, the smaller and more remote school districts of the province are likely to need more financial help than is presently planned. The following recommendations are made:

Recommendation #78, that, in view of the expense involved to smaller school districts in providing for the services of such specialized school personnel as remedial or itinerant supportive teachers, special counsellors or school psychologists, and for the additional travelling expenses of such personnel, the Department of Education consider the provision of extra financial help to these districts beyond that now available under the regulations for grants to special educational services in schools.

Recommendation #79, that the Department of Education study the provisions that are applicable to the transportation of emotionally disturbed children who can profit by attendance at special or regular classes held in a school outside their regular school area with a view to providing special grants for the transportation of such pupils.

In harmony with the discussion on pages 146-147, 198 and with Recommendation #39, the following recommendation is made:

Recommendation #80, that the provincial government establish the policy that the school board of any district in which residential treatment centres for children are located provide special teachers from its staff for the education of children in such centres, whether these children are legally residents of the district or not and that the salaries of such teachers and other operating expenses be recoverable from the appropriate department of health services, welfare, or correctional services.

The School's Responsibility in Preventing Emotional Disturbance

(1) The point of view

This report has concerned itself with the nature of the educational provisions which the school can make for the education and rehabilitation of emotionally disturbed children. However, it is equally important that school boards, educational administrators and teachers provide, in the school, the kind of emotional climate, administrative structure, curriculum experiences and methods of teaching which will help to prevent emotional disorders from developing in pupils.

In Cornwall in England there is an old tradition that the way to tell whether or not an individual is mentally ill is to put him in a room where an open tap is pouring water on the floor and tell him to mop up. If the person turns the tap off before starting to mop up, he is considered sane; if he lets the water continue to run and still tries to mop up, he is considered unbalanced. Schools should pay more attention to this homely example. Too much of a teacher's time may be spent in "mopping up" a variety of classroom problems and not enough in "turning off the tap".

The point of view of this section is that a high quality of teaching and services for all the pupils in the school is the best contribution the school can make in preventing emotional disturbance in children and adolescents. Teaching for positive mental health is not an extra. Laycock (Ref. 33, 83 and 84), in emphasizing the importance of positive mental health in schools, states: "Teaching which meets the emotional needs of the child is merely teaching at its best. Teaching which promotes the highest potential of a particular pupil is likely to be that which gives him a feeling of independence, achievement, recognition and a sense of worth".

Some teachers and even some psychiatrists believe that mental health is no concern of the school -- that the school's job is exclusively that of promoting the child's intellectual development. However, even on this narrow basis, the school has no choice but to promote emotional stability and maturity in its pupils. There is considerable evidence that even mild emotional disturbances are likely to hinder learning and that they often are an important factor in underachievement and in school drop-outs. Aside from a limited group of children such as perfectionist youngsters, there is evidence that the emotionally upset child -- the child who feels insecure and inadequate -- can't learn effectively.

However, most of today's teachers accept the statement of belief in the introduction to the report of the British Columbia Teachers' Federation Commission (Ref. 21) that "the development of emotional maturity and social responsibility should parallel the development of the intellect". Hopefully, too, most teachers will accept the statement of the general objectives for the education of all children as discussed on pages 163 to 166 of this report.

Even if the schools were unwilling to accept responsibility for developing positive mental health in pupils, they should at least be concerned that administrative devices, curricula and methods of teaching do not contribute to emotional disturbance in their pupils. The traditional school, in many instances, did just that.

Pupil mental health may be damaged by such administrative devices as the traditional organization by grades, too great emphasis on examinations, report cards, competition between children of unequal background and ability, a standard curriculum for all pupils in a grade or classroom, stereotyped methods of teaching and mental ill-health in the teacher.

(2) Administrative provisions

The traditional school organization by grades tended to foster in many pupils a sense of failure, and inadequacy. It down-graded them in the eyes of their teachers, their parents, their peers and in their own eyes. The use of the non-graded school, an individualized program and the method of continuous progress would do much to prevent this damage to a pupil's self-concept. Certainly every child should have school experiences at which he can succeed after reasonable effort.

In spite of what has been said above, administrative changes as such are not a magical solution. Much will depend on the emotional climate of the school and the classroom, the extent to which pupils are valued as persons and the degree of sympathetic and intelligent planning by principal and teachers in order to meet pupil needs.

(3) Evaluative techniques

Whatever types of evaluation of pupil progress are used through such devices as examinations, tests and report cards, these should promote the child's best development, place his parents and teachers in a better position to help him, and increase his own understanding of his strengths and weaknesses. Examinations are not an evil in themselves; rather it is the undue emphasis on competitive examinations by parents, teachers and as a consequence by the pupils themselves which causes damage. Actually, children continually test themselves in athletics, games and in many other ways. Some sort of testing to measure pupil progress is inevitable. Certainly, the newer methods of programmed learning continually test the pupil's achievement.

The traditional report cards as used by the school and by many parents, frequently damaged the child's self-concept and his sense of security with his parents, his peers and his teacher. As far back as 1950, Laycock advocated in an article, "The Individual Teacher Parent Interview", the use of individual teacher-parent interviews, held in school time at regular intervals to help all the pupils and their parents to evaluate their progress and to seek ways of capitalizing on strengths, overcoming weaknesses and fostering pupil growth.

(4) Discipline

Nowhere should more stress be placed on promoting pupil growth in positive mental health than in the field of "discipline". Fortunately, the traditional idea of discipline as authoritarian control and punishment is passing. The root meaning of the word "discipline" as "learning" is coming to the fore. Today's teachers, in developing in pupils the ability to live and work together in the classroom, use the principle of positive reinforcement. Participating in making their own rules for classroom living is an example of positive reinforcement which can be used from the kindergarten through secondary school. Glasser (Ref. 47) in his 1969 book, Schools Without Failure describes techniques of class discussion which could very well apply to pupils' development of standards of conduct in the classroom.

(5) Curricula (Pupils' school experiences)

Many people (including students) have attacked the traditional curriculum of the schools, particularly at the secondary school level, as being obsolete and irrelevant to the needs and interests of the pupils. The trend is towards flexibility in the curriculum with emphasis on the problems of contemporary society and on human relations and communication.

The curriculum, in the sense of the classroom, school and community experiences of each pupil, should be relevant and meaningful to him, meet his basic psychological needs for belonging, independence, achievement, recognition, self-esteem and self-realization, and be appropriate to his stage of growth, development and achievement. As pointed out above every child should have classroom experiences which bring him success after reasonable effort. Classroom experiences which are meaningless, boring, frustrating or which bring continued failure are likely to damage a child's mental health.

(6) Methods of teaching and learning

Traditional methods of teaching only too often stressed the memorization of material relatively meaningless to the pupil. Modern methods stress first-hand experiences, pupil involvement, investigation, experimentation, critical thinking and creativity. These methods can promote in pupils a sense of adequacy and self-realization.

(7) Emotionally mature teachers

There is considerable evidence that the teacher's emotional health and maturity have a very direct effect on the behavior and patterns of adjustment of pupils. In an early Canadian study of 157 teachers in five provinces, Laycock (Ref. 81) attempted to assess the effect of teacher personality on pupil behavior. He found a high degree of relationship between the personality of teachers and the behavior of their pupils. Symptoms of poor mental health, expressed in feelings of anxiety, insecurity and inadequacy were found to express themselves in various forms of hostility directed toward pupils, fellow-teachers, administrators, parents and members of the community.

Obviously, it is very important that teacher-education institutions screen their applicants for admission very carefully to ensure their warmth of personality, positive attitudes to children and emotional maturity and stability. In addition, teacher-education centres should help their students to understand themselves, their strengths and weaknesses and the hazards to mental health likely to be encountered in the teaching profession.

So far as practicing teachers go, Laycock and Munro (Ref. 85, pp. 402-410) list the mental hazards as poor conditions of work, unsatisfactory professional relationships, lack of opportunity to grow professionally and the presence of personal problems.

Poor conditions of work such as large classes, overcrowded classrooms, heavy work loads, inadequate supplies and equipment, too much clerical work and too much responsibili for student activities outside the classroom, can place an undue strain on any teacher and affect his quality of teaching and of leadership. School boards and parents should be as anxious to improve these conditions as the teachers themselves. The goal is a better chance for children to grow up wholesomely and to learn to cope with their problems.

If teachers are to find satisfaction in their work and to carry it out most effectively, they need the time and opportunity to grow. Among other things they need the opportunity to attend workshops, visit other schools, and enroll for short courses and university courses which promote professional growth.

Some educational administrators and teachers have difficulty in such professional relationships as those of teacher-principal, teacher-supervisor, teacher-fellow teacher, principal-superintendent, school board-principal, school board-teacher, teacher-pupil, teacher-parent and teacher-public relationships.

Aside from the responsibility of educational administrators in promoting effective interpersonal relationships in the range mentioned above, the teachers' professional organization has a responsibility in this matter. Through its department of professional development it can provide opportunities for teachers to think through together the problem of their relationships with other professional personnel, as well as with parents and the general public.

In addition, the teachers' organization should provide counselling and perhaps professional help for those of its members who have difficulty not only with interpersonal professional relationships but with personal emotional problems of their own.

The British Columbia Teachers' Federation Commission on Education (Ref. 21) has some excellent recommendations in harmony with the point of view expressed in this section. Some of these are incorporated in the following recommendations:

Recommendation #81, that the school organization should be such that each child can make continuous progress through the eight years (kindergarten - grade 7) of the elementary school with learning experiences appropriate to his needs, his stage of development and his achievement.

Recommendation #82, that whatever system of evaluating pupil progress is used, it should be in harmony with and promote the general objectives of education for all children; that pupils have the opportunity to develop the skills of self-evaluation; and that testing procedures be used by teachers for diagnosing pupils' needs, strengths and difficulties, and as a guide in planning appropriate learning situations with their pupils.

Recommendation #83, that, in reporting to parents, emphasis be placed on individual teacher-parent conferences and the anecdotal type of report card; and that the purpose of reporting pupil progress be to help the parents to understand how best to guide their child to be his own best in accordance with his strengths, deficits, needs and style of learning.

Recommendation #84, that, the curriculum of a school be viewed in terms of classroom, school and community experiences which will promote emotional maturity and stability as well as intellectual development and social responsibility, and that these experiences be sufficiently individualized that they meet the needs of each pupil in accordance with the stage of his growth and achievement.

Recommendation #85, that the Department of Education, in cooperation with the British Columbia Teachers' Federation develop broad curriculum outlines and that considerable freedom be given to teachers and pupils in planning appropriate learning experiences within these broad outlines

Recommendation #86, that the curricular experiences of pupils should include such discussion of and practice in the skills of human relations and communication as to lead them to find satisfaction for their psychological needs for belonging, independence, achievement, recognition and self-esteem; and that the study of human relations should include such topics as family-life education, the individual and society, freedom and authority and world responsibility.

Recommendation #87, that methods of teaching should stress first-hand experience, pupil involvement, investigation, experimentation, critical thinking, independent study, problem-solving, creativity and the development of a healthy self-concept rather than the memorization of material which is often not relevant to the needs or interests of the pupil.

Recommendation #88, that, as a means of developing emotional maturity and social responsibility in children, "discipline" be treated as a learning experience for the pupil in achieving the ability to live and work with others in the school situation, and that the principles of learning be applied to this aspect as to other aspects of learning.

Recommendation #89, that, because of the effects of the personality and emotional stability of the teacher on the development of emotional maturity and psychological satisfactions in students, teacher-education institutions should carefully screen candidates for teacher education and, that they give their student-teachers such guidance and counselling as will help these students to develop their personal strengths and overcome their weaknesses.

Recommendation #90, that, since poor conditions of work are a mental health hazard for teachers, school boards should make sure that undue strain is not placed on the teacher through too large classes, overcrowded classrooms, too heavy work loads, lack of adequate supplies and equipment, too much clerical work, too much supervision of out-of-class activities or too little time to plan for pupil experiences and growth.

Recommendation #91, that, since teachers are likely to achieve personal satisfaction as well as effectiveness in teaching only if they continue to grow professionally, school boards and educational administrators should make it possible, through leave from teaching duties and financial assistance, for teachers to attend professional workshops and conferences, short courses and university courses as well as to visit other classes and schools where experimental programs are being carried on.

Recommendation #92, that the provincial teachers' federation conduct workshops in which are discussed the various types of professional relationships in which educators are involved -- principal-teacher, teacher-fellow teacher, teacher-pupil, teacher-parent, teacher-public, teacher-superintendent, school board-principal, and principal-superintendent.

Recommendation #93, that, since teachers are human and likely to encounter from time to time personal problems for which they need counselling and help, and since teachers may be unwilling to seek counselling from within the school system, the British Columbia Teachers' Federation consider the feasibility of providing such counselling within the professional organization or professional help outside the organization.

(8) School-home relationships

In subsection (9) of section 6 of this report, the question of the relationship of the school to the parents of emotionally disturbed children was discussed. In the prevention of emotional disturbance and the promotion of positive mental health in all the pupils of the school, the school's relationship with parents is equally important.

The effective implementation of the school's policies with regard to administrative provisions, evaluative techniques, type of discipline used, methods of teaching, and the nature of the curriculum depends greatly on the intelligent understanding and active cooperation of the parents of the pupils of the school. To obtain that understanding and cooperation schools should provide parents with the opportunity to participate in the discussion of the above topics.

The following recommendation supplements Recommendation #34:

Recommendation #94, that, since, in a democracy, schools cannot be much better than the public opinion on which they rest, the school, in its attempt to build positive mental health in all its pupils, seek the intelligent understanding and active cooperation of the parents through providing them with the opportunity to participate in the discussion of newer trends and policies with respect to the present-day goals in education, the use of modern equipment and methods of teaching, the newer approach to discipline and recent trends in curriculum change.

(9) Fostering school-community partnership

In its objective of building emotional stability and a wholesome self-concept in all its pupils, the school has, as its partners, in addition to the child's parents and peers, the pupil's community teachers. These consist of the mass media including television, radio, newspapers, magazines, and movies, and the various community agencies -- the religious, welfare, recreational, cultural, health and law-enforcement agencies as well as the community's attitudes, standards and values. These community teachers of the child can work either with or against the school in the helping of its pupils towards sound mental health in terms of feeling comfortable about themselves, feeling right towards others and being able to tackle and handle the ordinary problems of living.

The school-community partnership is so important in the development of youngsters that the school, as the formal educational agency of the community should hold periodic conferences with a group representative of the police, the courts, clergy, owners and managers of television and radio stations, directors of recreation, social workers, librarians, museum directors, theatre managers, labor leaders, service club leaders, chambers of commerce, and parents' and youth organizations.

The following recommendation is made:

Recommendation #95, that, in view of the inevitability of the partnership of the school with its pupils' community teachers (the mass media, the health, welfare, religious, recreational, cultural and law enforcement agencies, and the standards and values of the community) in affecting the development of emotional stability, responsible behavior and self-esteem, the school take the lead in calling periodic conferences of these community teachers to consider the co-ordination of the school's policies and efforts with the use of the community's resources in promoting maximum growth and development in the community's children and youth.

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